PIERCE COUNTY PATIENT CARE PROTOCOL
REQUEST FOR CHANGE

I. Protocol to be changed [reference page(s) & line(s)]:

II. Change to be made:

III. Reason for change[site specific incidents/events, etc]:

IV. References/research to support change [include copies of articles, etc]:

Printed Name	Signature	Agency
Phone Number	Date	

Pierce County Protocol Committee Recommendation: ☐ **Concur** ☐ **Non-Concur**

Signature Date

Pierce County Council Recommendation: ☐ **Concur** ☐ **Non-Concur**

Signature Date

Pierce County MPD Approval: ☐ **Concur** ☐ **Non-Concur**

Signature Date