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|--|--------------------------------|
|  | <b>AUDIT PLAN AND REPORT</b>   |
|  | AUDIT NUMBER: AUD-YYYY-EXT-001 |

|                              |                                                                                                                                                                                                                                                                                                                                 |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>AUDIT TITLE</b>           | Transplant Essential Data Forms Data Accuracy Audit                                                                                                                                                                                                                                                                             |
| <b>DIVISION</b>              |                                                                                                                                                                                                                                                                                                                                 |
| <b>DIVISION CONTACT</b>      |                                                                                                                                                                                                                                                                                                                                 |
| <b>AUDIT DATE(S)</b>         |                                                                                                                                                                                                                                                                                                                                 |
| <b>RESPONSES REQUIRED BY</b> | 30 business days from the date submitted to Auditee <sup>1</sup><br>7 business days from the date submitted to Auditee (for Critical Observations)                                                                                                                                                                              |
| <b>AUDITORS</b>              |                                                                                                                                                                                                                                                                                                                                 |
| <b>SOPS REVIEWED</b>         |                                                                                                                                                                                                                                                                                                                                 |
| <b>AUDIT OBJECTIVE</b>       | To review the accuracy of information submitted to the CIBMTR data registry via FormsNet <sup>®</sup> .                                                                                                                                                                                                                         |
| <b>AUDIT SCOPE</b>           | Selected clinical data points, both as mandated during FACT inspection and randomly chosen by auditor, in the completed CIBMTR data collection forms (from pre-transplant to 100 days) and related source documentation for 10 allogeneic and 5 autologous transplants identified for upcoming FACT inspection.                 |
| <b>AUDIT CRITERIA</b>        | FACT-JACIE International Standards for Cellular Therapy Product Collection, Processing & Administration (current edition)<br>CIBMTR Data Management Manual<br><a href="http://www.cibmtr.org/datamanagement/datacollectionforms/pages/index.aspx">http://www.cibmtr.org/datamanagement/datacollectionforms/pages/index.aspx</a> |
| <b>PERSONNEL INTERVIEWED</b> |                                                                                                                                                                                                                                                                                                                                 |

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<sup>1</sup> Only acknowledgement of receipt is required when there are no citations or requirements resulting from the audit.

# Hospital Write Offs Audit Report

**H Kauffman**



## **Hospital Write Offs Audit Report:**

## Unveiling the Magic of Words: A Overview of "**Hospital Write Offs Audit Report**"

In a world defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "**Hospital Write Offs Audit Report**," a mesmerizing literary masterpiece penned by a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve to the book is central themes, examine its distinctive writing style, and assess its profound affect the souls of its readers.

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