

**LAC+USC MEDICAL CENTER
MEDICAL CENTER POLICY APPROVAL REQUEST**

1. Policy Subject Title: _____ New # _____
(ORA completes)

2. Policy is: New Revision of # _____ Recommend Deletion Other: _____

3. If Revision request, include: Supersedes Date: _____
Original Issue Date: _____ (prior Effective Date) _____

Revision Dates: _____ Effective Date: _____
(ORA completes)

4. Name of Originator/Contact Person: _____ Phone #: _____

5. Facility/Department/Division/Section or Unit: _____ Room #: _____

6. Date Submitted by Originator: _____ Date Forwarded by Department Manager: _____

Date Received by ORA: _____ Date to ASA EC: _____ Date to Senior Executive Officer(s): _____

Reviewed & Concur:

Signature	Department / Committee / Key Stakeholder	Approval Date
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Signature	Department / Committee / Key Stakeholder	Approval Date
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Signature	Attending Staff Association Executive Committee	Approval Date
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Signature	Senior Executive Officer	Approval Date
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Signature	Chief Executive Officer	Approval Date
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NOTE: Obtain signatures of **key stakeholders**, attach agreed upon final draft of Medical Center Policy, and submit to the Office of Regulatory Affairs (ORA), IRD Rm. 934/937. ORA will obtain signatures of ASA EC and SEC after each reviews and approves the policy. ORA will also obtain the signatures of the Chief Medical Officer and Chief Executive Officer on the final approved policy.