

 <b>World Health Organization</b>	<b>REGULATION AND PREQUALIFICATION DEPARTMENT</b>	
	<b>VACCINES ASSESSMENT TEAM</b>	
<b>TEMPLATE</b>		
<b>MODEL FORMAT FOR A FEEDBACK SCHEDULE FORM</b>		
Doc No: IMD/TP/13b	Version No: 2	Revise before: 3yrs
Effective date: TBD	Replaces: Annex 2	Page 1 of 2
Approved by:	TL-VAX, date:	UH-PQT, date:
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		<b>IMD-PQS Feedback Schedule form</b>		WHO/XXX Original: English Distribution: General
<i>PQS category:</i>		<IMD-PQS category>		
<i>Date of origin:</i>		<dd.mm.yy>		
<i>Date of last revision:</i>		<dd.mm.yy>		
Data source		Type of data required		
1.	Electronic reporting	• <list data anticipated>		
2.	Management reporting	• <list indicators required>		
3.	Manufacturer's product defect reports	• <list data anticipated>		
4.	Field inspections	• <list indicators required> • <list indicators required> • <list indicators required> • <list data anticipated > • <list data anticipated >		
4.1	<i>EVSM assessments</i>			
4.2	<i>VM assessments</i>			
4.3	<i>Programme reviews</i>			
4.4	<i>UNICEF/WHO field trips</i>			
4.5	<list other sources>			
<b>Revision history:</b>				
Date	Change summary	Reason for change	Approved	
dd.mm.yy	< change item> < etc.>	< reason for change> < etc.>	<name>	

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