

Date Issue Identified CCY/M/MD (Completed by the CNR Team Lead)	Brief Description Of Issue (Completed by the CNR Team Lead)	Crash/Language (Completed by the CNR Team Lead)	Related to Pre-Audit Issue Statement? (Y/N) (Completed by the CNR Team Lead)	Pre-Audit Issue Statement Number (If Applicable) (Completed by the CNR Team Lead)	Detailed Description of the Issue (Explain what happened) (Remaining fields to be completed by Sponsor)	Root Cause Analysis for the Issue (Explain why it happened)	Mitigation - Describe the process that was undertaken to determine the # of members impacted	# of Depts Affected	# of Members Impacted	Actions Taken to Resolve System/Operational Issues	Date System/Operational Issues/Action Identified CCY/M/MD	Date System/Operational Resolution Completed CCY/M/MD	Actions Taken to Resolve Separately Impacted Branches/ Including Outreach Descriptions and Status	Date Branches Outreach and Resolution Initiated CCY/M/MD	Date Branches Outreach and Resolution Completed CCY/M/MD

GPI 14 or GCN	NDC (11 digits; no hyphens or spaces)	RxCUI	Drug Name	Number of Impacted Members

