

Date Issue Identified CCY/M/DD (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 (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 Drags Affected	List Of Drags Affected	# of Members Impacted	Actions Taken to Resolve System/Operational Issues	Date System/Operational Issues/Action Identified CCY/M/DD	Date System/Operational Resolution Completed CCY/M/DD	Actions Taken to Resolve Separately Impacted Branch/Issue Including Outreach Description and Status	Date Branch/Issue/Outreach and Resolution Identified CCY/M/DD	Date Branch/Issue/Outreach and Resolution Completed CCY/M/DD

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

