



Fax:

(847) 775-1985

600 Central Ave, Suite 265 Highland Park, IL 60035

Mail: QUAD A

Patient Safety Data Reporting Exemption Form

This form should be used when surgeon/proceduralist has performed fewer than three (3) cases during the reporting period. Please make sure to submit all cases online (psdr.quada.org) prior to submitting this document.

Period I – Jan. 1 to March 31 Period II – April	1 to June 30 Period III – J	uly 1 to Sept. 30 Period IV – Oct. 1 to Dec. 31
Period: Yea	nr:	
Facility Name:		Facility ID #:
Surgeon/Proceduralist Name	# Cases Completed	Reason for Exemption
Example: A. Surgeon MD	0	No cases performed in period (due to COVID)
(Note: Please use more than one form if needed.)	
(Note: Trease use more than one form y needed.)		
Medical Director Name:		
Medical Director Signature:		Date:
Please submit this form via fax or email (preferred methods) or mail prior to the Patient Safety Data Reporting deadline to remain in compliance.		
Email: <u>helpdesk@QuadA.org</u>		