



Supplier Initiated Change Request Form

A. General Information [\(Supplier to complete\)](#)

Supplier Name:			
Supplier Contact Completing Form (Name, Function):			
Phone #:			
Email:		Date Submitted:	

B. Affected Materials / Service [\(Supplier to complete\)](#)

Roche Material Number (if applicable)	Material /Service Description	Supplier Material Number (if applicable)

C. Materials/Stock [\(Supplier to complete, if applicable\)](#)

Information concerning materials, if applicable	
Quantity Contract in place y/n, if yes open qty	
Supply Plan Contract in place y/n, if yes open qty	
Price relevant change y/n, if yes elaborate	
Any other commercial implications after change (e.g. different lead time, scrap costs etc.)	



D. Change Request Details [\(Supplier to complete\)](#)

Description of the change (change activities, desired effect):

Proposed timeline for implementation:

Justification/Rationale (Provide rationale for the trigger of change along with testing/validation data to support change):

How do you verify the change? (desired effect and no undesired side effects):



E. Type of Change ([Supplier to complete](#))

1.	Change of location for manufacturing, assembly, testing, storage, packaging or shipping (include subcontractors).	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<p>Change in production equipment, production processes, or process controls, efficiency improvements that affects the validated state.</p> <p>Examples:</p> <ul style="list-style-type: none"> • Inspection or measurement system change (includes process, sampling plan and test equipment changes) • Software or hardware updates that are tied to production controls • Tooling/assembly fixture refurbishment (major repairs) • Equipment relocation • New-alternate/improved processing equipment 	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<p>Change in product design (e.g. Any change in the physical, functional, and performance characteristics or specifications that uniquely identify a component or device and determine its interchangeability in a system).</p> <p>Examples:</p> <ul style="list-style-type: none"> • Material formulation change • Material performance change • Testing procedure change • Regulatory filing • Change to raw material supplier (direct supplier for Roche or subcontractor to direct supplier for Roche) • Dating change • Temperature control method change • Change to reliability/stability • Computer/software change • Change in analytics range • Change in specification 	<input type="checkbox"/> Yes <input type="checkbox"/> No



4.	<p>Change to a raw material or component used to build a product for Roche</p> <p>Examples:</p> <ul style="list-style-type: none"> • Reformulation of a raw material or subcomponent • Change in manufacturing method to produce a raw material (direct supplier for Roche or subcontractor to direct supplier for Roche) • Second Source • Change to raw material supplier (direct supplier for Roche or subcontractor to direct supplier for Roche) • Change in raw material manufacturing location (direct supplier for Roche or subcontractor to direct supplier for Roche) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	<p>Change to shipping or packaging of product</p> <p>Examples:</p> <ul style="list-style-type: none"> • Labeling change • Container change • Temperature control method change • Dating change (expiration/retest) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Product Deletion	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	<p>General Changes</p> <p>Examples:</p> <ul style="list-style-type: none"> • Name change • ISO Certificate changes • Ownership change 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Change to a service provided to Roche	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Other (explain):	<input type="checkbox"/> Yes <input type="checkbox"/> No



F. Impact Assessment to Supplier's Processes/Products/Service [\(Supplier to complete\)](#)

Description	Assessment/Rationale (list impacted documents)
<p>Does the change potentially affect the product/process risk documentation?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Check All that Apply:</p> <p><input type="checkbox"/> Risk Assessments (Product/Process/Design)/FMEA</p> <p><input type="checkbox"/> Specifications</p> <p><input type="checkbox"/> Test/Inspection Procedures</p> <p><input type="checkbox"/> Manufacturing Instructions</p> <p><input type="checkbox"/> Policies/Procedures</p> <p>List documents potentially impacted or rationale for no potential impact:</p>
<p>Does the change potentially affect the Roche requirements as defined in specification or purchasing requirements?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe potential impact or rationale for no impact.</p>
<p>Does the change potentially impact the validated manufacturing process?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe potential impact or rationale for no impact.</p>
<p>Does the change potentially impact the approved packaging/transportation method for the product?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe potential impact or rationale for no impact.</p>
<p>Does the change potentially impact any business or logistics requirements?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe potential impact or rationale for no impact.</p>
<p>Does the change potentially impact component/part traceability?</p> <p>Check one:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Describe how traceability will be established for the component/part number (e.g. date codes, lot number, site/location code, serial number or any other methods that should establish a beginning point for this change).</p>



Description	Assessment/Rationale (list impacted documents)
<input type="checkbox"/> Attachment(s)	Identify Attachment(s):
Does supplier plan to provide samples related to the change request Check one: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe proposed sampling approach:

G. Change Request acknowledgement ([Roche to complete](#))

Change Request Decision	
Supplier #:	
<input type="checkbox"/> Rejected	Justification of rejection / comments:
<input type="checkbox"/> Accepted <input type="checkbox"/> No Change Request needed by Roche <input type="checkbox"/> Trigger Change Control Process: Change Record ID Number:	Justification for No Change Request:
<input type="checkbox"/> I have checked for possible multiple use of the supplier/materials in more than one Roche product and aligned the decision with all applicable Subject Matter Experts for all affected Roche products.	
Signature:	Date:
Name:	Function:

NOTE:

The Change Request (CR) is a request only. No changes are allowed to be implemented before Roche releases a change by a Change Notification (CN) or accept the change without change at Roche.

End of Document