

## Supplier Waiver Request

**SECTION I: To be completed by Supplier**
**BACKGROUND**

Supplier Name			
Supplier Address			
Supplier Contact Name		Supplier Contact Title	
Supplier Contact e-mail		Supplier Phone Number	
Submission Date	Click or tap to enter a date.		

**AFFECTED TMC PART NUMBER(S)**

TMC Part Number & Revision		Part Description	
Supplier Lot Number(s)		PO Number(s)	
Quantity		Comments / Additional Information	

**REQUEST FOR WAIVER**

Purpose of Waiver	<input type="checkbox"/> Deviation (prior to production or service) <input type="checkbox"/> Authorization to send product or service not meeting requirements to TMC (post-production or service)
Duration of Waiver	<input type="checkbox"/> One-Time Use <input type="checkbox"/> Recurring through date: Click or tap to enter a date. <input type="checkbox"/> Recurring for the following lots/batches:  Comment:
Specification / Requirement Not Being Met	
Description of Waiver Request <i>Include summary of any testing or evaluation performed and root cause summary, if known.</i>	

**CORRECTIVE ACTION AND VERIFICATION OF EFFECTIVENESS (VOE) PLAN**

*Describe plan to return to original state and prevent recurrence*

Corrective Action Plan		Due Date	Click or tap to enter a date.
VOE Plan			

Send completed document in Microsoft Word format along with any supporting data, evaluation or images to: TMCsupplierChangeNotification@terumomedical.com. Copy TMC Supplier Quality representative, if known.

**SUPPLIER SHALL NOT SHIP PRODUCT LISTED IN THIS WAIVER WITHOUT PRIOR WRITTEN APPROVAL BY TMC THROUGH SECTION II OF THIS FORM.**

**If approved by TMC, a copy of Waiver (completed through Section II) must accompany shipment of product.**

**SECTION II: To be completed by TMC**
**WAIVER REVIEW**

Comments <i>Include any additional evaluation performed by TMC, if applicable.</i>			
Determination	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

**APPROVALS (Add rows as needed)**

Functional Area	Name	Signature	Date
Supplier Quality Engineering			
Director, Supplier Quality Engineering			
Engineering Manager			

**SECTION III: To be completed by TMC**

**WAIVER CLOSURE**

Evidence of Corrective Action Implementation		Date Complete	Click or tap to enter a date.
VOE Results		Date Complete	Click or tap to enter a date.

**CLOSURE (Add rows as needed)**

Functional Area	Name	Signature	Date
Supplier Quality Engineering			
Director, Supplier Quality Engineering			
Supplier Quality Engineering Analyst			