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## 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.aaaasf.org) prior to submitting this document.

Period I – Jan. 1 to March 31    Period II – April 1 to June 30    Period III – July 1 to Sept. 30    Period IV – Oct. 1 to Dec. 31

Period: \_\_\_\_\_ Year: \_\_\_\_\_

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.)*

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.

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Fax: (229) 394-4703

Mail: AAAASF  
Attn: PSDR  
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