**PING checklist and re-submission form for existing patient information**

**Thank you for submitting your information to PING. A completed version of this form must accompany every piece of information submitted for review. This enables us to satisfy the requirements of the Care Quality Commission (CQC), should they conduct an inspection of our patient information.**

**Only information that has been approved via the PING process should be given to patients, in accordance with the trust policy. If you have any further questions, please feel free to contact the patient information manager on 020 8725 2717.**

|  |  |
| --- | --- |
| **Your name and job title:** | **Your contact number:** |

1. **Which existing leaflet would you like to update?**

|  |  |
| --- | --- |
| **Title:** | **Leaflet code (see foot of the last page):** |

1. **Checklist - please choose one of the following three options (tick the relevant box):**

The information remains accurate and **no changes** are needed. **(you need to complete the table below)**

The clinical information is accurate and only minor changes are needed (e.g. contact or support group details). **(you need to complete the table below)**

|  |  |
| --- | --- |
| **Consultation:**  Please list who has been consulted over the content of this information. This must include the person(s) who gives the treatment or performs the procedure/investigation. | Please provide names and job titles.  1.  2.  3.  4.  5. |
| **Medicines:**  If the leaflet makes any mention of medicines (including painkillers and antibiotics), please ensure you have consulted the department pharmacist and that the final submitted version has addressed their comments. | N/A  I confirm I have consulted the department pharmacist (please specify pharmacist’s name and position):  My department doesn’t have its own pharmacist. |

Significant changes are needed to this information (e.g. a change in practice/treatment). **(you will need to complete a Form N as well)**

**Please note: All changes must be clearly marked on the draft using track changes. If the changes are not marked, your submission will not be accepted.**

**PLEASE TICK THIS BOX IF YOU DO NOT WANT THE LEAFLET TO APPEAR ON THE WEBSITE □**