



COMPLIANCE INVESTIGATION REQUEST

Date submitted: _____

Please describe the nature of your concern. Please provide as many details as possible. You may use an additional sheet if necessary.

Do you wish to be contacted for clarification or resolution? Y____ N____

If yes, please provide your contact information below. This information will be kept strictly confidential unless you authorize us to release it.

Name: _____

Department _____ Position _____

Phone _____ Email _____

Date of Response _____

Name and Position of responder _____

Resolution:

Please complete and return this form to Tonya C. Houston-Crowley, Corporate Compliance Officer or any member of the CombiMatrix Diagnostics Compliance Committee.