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| --- |
| **Institution**: *Enter Institution Name.* |
| **Date of Review** : انقر أو اضغط لإدخال تاريخ. **To** انقر أو اضغط لإدخال تاريخ. |
| **Date of Report** : انقر أو اضغط لإدخال تاريخ. |
| **Contact Information:**  Name: *Click or tap here to enter text.*  Title:  *Click or tap here to enter text.*  Email:  *Click or tap here to enter text.*  Mobile:  *Click or tap here to enter text.* |

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# **Factual Errors Response**

| Standard and  Sub-standard | Page | Paragraph | Insert Factual Error  (Please quote) | Insert Proposed Correction | Comments |
| --- | --- | --- | --- | --- | --- |
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# **Response To Recommendations:**

## **Recommendation (…... )**

|  |  |  |
| --- | --- | --- |
| **Statement of Recommendation\*** |  | |
| **Response to the Review Panel Recommendation** | **Accepted** | |
| **Accepted with modification** | **Reasons** |
|  |
| **Evidence** |
|  |
| **Summary of modification** |
|  |
| **Not accepted** | **Reasons** |
|  |
| **Evidence** |
|  |

\* This table should be repeated for each recommendation.

# **Approval**

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |