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RECOMMENDATIONS FOR SUBMISSIONS FOR RISKY BUSINESS COLUMN

Dear AHRMNY Member and Colleague:

Please use this form if you would like to submit any risk reduction/patient safety tips for consideration for publishing in the **Risky Business Column** of ***The Risk Management Quarterly***. All information is kept confidential as to the submitter/facility, and you may actually submit your comments and recommendations in confidence. This form can be mailed to Pamela Monastero, c/o AHRMNY, P.O. Box 4200, Grand Central Station, New York, NY 10163.

Please submit your tip and one or two sentences about specific instances. Please also submit, if available, your suggestions for corrective action and any websites or other information you found useful regarding the tip submitted. Provision of contact information is optional.

Date: _____

Issue: _____

Tip: _____

Contact:

Name: _____

Title: _____

Facility: _____

Telephone: _____

Fax: _____

E-mail: _____