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| --- | --- | --- |
| Supplier name: | **supplier** | |
| Supplier Test location(s) impacted: | | **Test locations (include town and country)** |

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for submission: | | | |
| **Procedure/method change** | **Instrument change/addition** | **Test location change** | **Other** |

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| --- |
| Details: |
| Click or tap here to enter text. |

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| JM Materials impacted (include all materials impacted and the COA characteristics potentially impacted): |
| **Click or tap here to enter text.** |

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| --- | --- | --- | --- | --- | --- | --- |
| Supporting documentation: | | | | | | |
| *MSA studies completed:* | | *Stability* | *Bias* | *Linearity* | *Repeatability* *and Reproducibility* | *None* |
| Comments: | **Click or tap here to enter text.** | | | | | |

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| --- |
| Equivalence data summary (include sample size and raw material codes used for demonstrating equivalency): |
| **Click or tap here to enter text.** |

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| --- | --- | --- | --- |
| Supporting data attached? | | yes | no |
| Test method attached? | | yes | no |
| If no, explain why not: | **Click or tap here to enter text.** | | |

**Declaration:**

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| --- |
| I confirm that the data represented by this warrant are representative of our analysis, have been generated by the specified equipment with regular analytical processes. I also certify that documented evidence of such compliance is on file and available for review. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: | **Click or tap here to enter text.** |
| Name (print): | **Click or tap here to enter text.** | Email: | **Click or tap here to enter text.** |
| Job Title: | **Click or tap here to enter text.** |  |  |

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| --- | --- | --- | --- | --- |
| **For Johnson Matthey Use Only** | | | | |
| Submission and warrant decision: | | Approved | Interim Approval | Rejected |
|  | |  |  |  |
| Comments: | **Click or tap here to enter text.** | | | |

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| *Analytical Specialty:* | | | XRF | ICP | Particle size | | | XRD | | Other Specialty: | | |  |
|  | *Specialist* | | | | *Technical Lead* | | | | | | | *Supplier Quality* | |
| Signature: | |  | | | |  |  | | | |  |  | |
| Printed Name: | |  | | | |  |  | | | |  |  | |
| Region: | |  | | | |  |  | | | |  |  | |
| Date: | |  | | | |  |  | | | |  |  | |
|  | |  | | | |  |  | | | |  |  | |
| Date that previous condition becomes obsolete: | | | | | | | Click or tap here to enter text. | |