**Format for receiving Feedback and Comments/suggestions**

|  |  |
| --- | --- |
| **These comments represent (tick one)** | **an Individual Organisation/ Group** |
| **Name:** |  |
| **Title/Role:** |  |
| **Organization:** |  |
| **Address:** |  |
| **Email ID & Ph/Mo no.** |  |

**Give reference of page number and line number against each comment:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Pg No.** | **Line No.** | **Original Sentence** | **Suggested Changes/ Comments** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**Format for General Comments/Suggestions:**

|  |  |
| --- | --- |
| **Sections** | **Comments/ Suggestions** |
| **Background** |  |
| **Purpose** |  |
| **Scope** |  |
| **Responsibility** |  |
| **Detailed Instructions** |  |
| **Algorithm for DNAR decision making** |  |
| **Annexure I – Patient/surrogate Information sheet on DNAR** |  |
| **Annexure II – DNAR form** |  |