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| **Resident/Fellow Name** | Click or tap here to enter text. |
| **Birthdate** | Click or tap here to enter text. |
| **UM Program for Training** | Click or tap here to enter text. |
| **If any additional information is needed, how may we contact you?**E-mail: Click or tap here to enter text.Phone: Click or tap here to enter text. |

**MALPRACTICE CLAIMS/NOI’s/LAWSUITS EXPLANATION FORM**

**(Please use a separate form for each claim/NOI/lawsuit.)**

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| **Name of Claimant** | Click or tap here to enter text. |
| **Date of Incident** | Click to enter a date. |
| **Date of Claim/NOI** | Click to enter a date. |
| **Date of Lawsuit** | Click or tap here to enter text. |
| **Where Incident Occurred (Name of Hospital, Clinic, etc.)** | Click or tap here to enter text. |
| **Your Attorney** | Click or tap here to enter text. |
| **If Lawsuit** | Court: Click or tap here to enter text.Title of Case: Click or tap here to enter text.Case #: Click or tap here to enter text. |
| **What was your status?** | [ ] Sole Defendant[ ] Co-Defendant with Click or tap here to enter text.[ ] Other Click or tap here to enter text. |
| **Nature of Allegations** | Click or tap here to enter text. |
| **Please briefly explain your role/involvement** | Click or tap here to enter text. |
| **Current status of patient’s medical condition** | Click or tap here to enter text. |
| **Outcome** | [ ] Open/Pending[ ] Settled; Date Settled Click to enter a date.[ ] Closed; Date Closed Click to enter a date. |
| **Additional Comments** | Click or tap here to enter text. |

**Please send a secure e-mail with your completed form(s) to:**

**Christina Kraft** **mmireles@med.umich.edu****; Lisa Reppenhagen** **lreppenh@med.umich.edu** **;**

**and Lisa Williams** **liarnold@med.umich.edu**

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