Request for review of the overall outcome of an inspection

Use this form to **request the formal review of the overall outcome of an inspection** for a registered pharmacy.

Once you have completed this form **you must submit it to the GPhC within 5 working days of receipt of the final inspection report** in question.

## Request details

Pharmacy trading name: [Click here to input the pharmacy trading name]

Pharmacy owner’s name: [Click here to input the Owner’s name]

Pharmacy’s current address: [Click here to input the pharmacy’s current address]

GPhC premises registration number: [Click here to input the registration number]

Date of inspection: [Click here to input the date of the inspection]

Inspection ID number: [Click here to input the inspection ID number]

## Reasons why you are challenging the overall outcome of an inspection:

[Click here to type the reasons you are challenging the overall inspection outcome]