# 1 Opioid Substitution Treatment Audit Request Acceptance Form

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| **To:** | <Service Manager> |
| **From:** | <Audit Instigator> |
| **Return address:** |  |
| **Date:** |  |
| Please return this form, signed and dated on behalf of your service, to confirm that you have received an audit request and that you agree to the service being audited. | |
| **Signed:** |  |
| **Role:** |  |
| **Date:** |  |