**Instructions page**

Instructions for use for the template user

* Do not change the structure of this form
* All body text entries should use font Calibri, font size 11, color black
* Entries shall be in English language
* Delete this instruction page before uploading the filled in form in the IT system hosting the document or record
* Keep black text as is in final record
* Replace red text between angle brackets *<instructions, examples>* with content
1. **Supplier Change Information**

**To be completed by Supplier prior to submitting to Philips**

*Unless otherwise noted, all fields in this form require input. Enter “N/A” into any fields that do not apply.*

|  |  |
| --- | --- |
| Supplier Legal Name  |       |
| DBA (Doing Business as) Supplier Name *(if applicable, otherwise N/A)* |       |
| Grid Number: *(Acceptable alternatives: DUNS, USCC, Houjin, APAC UID number as applicable)* |       |
| Supplier Address: |       |
| Supplier’s Manufacturing or service provider Address:*(if different from above)* |       |
| Supplier Requester Name & Function: |       |
| Supplier Contact E-mail & Phone: |       |
| Supplier Technical Contact Name & Function: |       |
| Supplier Technical Contact E-mail & Phone: |       |
| Which Philips Organization(s) Affected |      *<List all known affected Philips Businesses, Design Authorities, Service Orgs, Markets, Factories - include address, contact-person and phone number for each if available>* |
| Services in Scope:*(only for service providers)* |       |
| Request Submission Date:*(format: dd-mmm-yyyy)* |       |
| Short Description of the Change: |       |
| Reason for Change *(ex: quality improvement, cost savings, capacity, EOL)* |       |
| Detailed Change Description  |      *<Provide detailed description of change, including (but not limited to) the following:** *Relevant documentation (attach to/include with SICR form submission)*
* *List any relevant/affected parts or services not included in the “Philips Purchased Part Numbers” List below*
* *Recommended solutions (where possible)>*
 |

|  |  |  |
| --- | --- | --- |
| Philips Purchased Part Number(s) *(12NC or Part No & Revision):* | Philips Purchased Part Description: | Supplier Internal Part No (in scope of the change): |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

|  |  |
| --- | --- |
| **Request Category / Type:** | Note: This list is not exhaustive, please make sure to follow the changes in Quality Agreement / Change Notice Agreement. |
| Significant Quality System Change  |  | Ownership Change |  |
| Legal Name Change |  | Regulation Change  |  |
| Legal Address (PO address) Change |  | Registration Change |  |
| Manufacturing/ Service Location Change |  | Service Change |  |
| Certification Status Change |  | Supporting Material Change |  |
| Software Update (incl. Security Patch) |  | Relocation of IT Infrastructure |  |
| Sub-Tier Supplier Change(if different sub-tier supplier is used) |  | Product / Part Change(including Design / Material / End of Life, etc.)  |  |
| Manufacturing Process (including Qualification / Validation / Testing) Change |  | Any changes such as those outlined above that are made by sub-tier suppliers |[ ]
| Other Change:       |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Mandatory/ Force Majeure Change / Security Patch Update? | [ ] Yes [ ]  No | Reversible Change? | [ ]  Yes [ ]  No |
| Requested Implementation Date? *(format: dd-mmm-yyyy)* |       |
| PO Impacted? | [ ]  Yes [ ]  No |
| *(If yes, provide PO Number and Description)* |       |
| Delivery Schedule / Assurance of Supply (AOS) Affected?:  | [ ]  Yes [ ]  No |
| *(If yes, provide details)* |       |
| Are Non-Recurring Engineering (NRE) Costs and/or Product Price Affected?*(If yes, provide details)* | [ ]  Yes [ ]  No      |
| Obsolete stock(s) due to proposed change? | [ ]  Yes [ ]  No |
| *(If yes, provide details)* |       |
| Last Time Buy Possible? | [ ]  Yes [ ]  No |
| *(If yes, provide details)* |       |

## Feedback to the Supplier

## To be completed by Philips SICR Coordinator

## *(only if SICR is returned to supplier for correction/completion, otherwise enter “N/A”)*

|  |
| --- |
| Feedback: |
|       |

## General Information

**To be completed by Philips SICR Coordinator:**

*Unless noted otherwise, all fields in Section 3 require input. Enter “N/A” into any fields that do not apply.*

|  |  |
| --- | --- |
| Philips SICR Number: |       |
| Supplier ID: | GRID:       *<Confirm Supplier’s Grid number, and enter associated Philips Vendor ID. Acceptable GRID number alternatives: DUNS, USCC, Houjin, APAC UID as applicable>* Vendor ID:       |
| Segment/Part Type: | [ ]  Standard (Catalog) [ ]  Engineered (Custom) [ ]  Service [ ]  Software  |
| SICR Owner Functional Acct (email address) |       |
| Philips Purchased Part (12NC) Number(s): |       |
| Service(s) Affected: |       |
| Impacted Design Authorit(ies) |      *<Coordinator identifies all impacted Design Authorities here. Then creates individual SICR forms, creates unique ID’s for each form prior to distributing. Sections 1,2 and 3 remain populated in all “child” documents.*  |
| Design Authority SICR Number(s): |      *<List all applicable child SICR numbers here in parent SICR Form>*  |

**Input from Philips GSAM, entered by SICR Coordinator:**

|  |  |
| --- | --- |
| Additional Notes: |       *<****Contents of this field are company confidential*** *and may not be shared with any supplier. If no additional information is required/provided from GSAM, SICR Coordinator enters “N/A”>* |

## Design Authority Specific Information

**To be completed by Philips Design Authority SICR Owner:**

*Unless otherwise noted, all remaining fields require input. Enter “N/A” into any fields that are not applicable.*

|  |  |
| --- | --- |
| SICR Owner Name: |       |
| Design Authority SICR Number: |      *<****SICR Coordinator*** *enters the unique Design Authority “child” SICR number here, in each child SICR form>* |
| Design Authority Name: |       |
| Design Authority impacted? *(If “No” is selected here, all remaining fields below may be left blank. Return this form to SICR Coordinator, no local Design Authority quality record required.)* | [ ]  Yes [ ]  No  |

|  |  |
| --- | --- |
| Philips Purchased Part Number(s) (12NC) -applicable to the Design Authority: |       |
| Where Used - Which Product(s) Affected: *(e.g., Assemblies/ End-Products/ Field Replacement Units/ Service Parts)* |       |
| Other Organizations Affected:*(e.g., Factory, Service, Market)* |       |
| Change Urgency: | [ ]  High [ ]  Medium [ ]  Low [ ]  N/A (check only if CCB rejects change) |
| Disposition Decision: | [ ]  Accepted [ ]  Rejected |
| Disposition:*(Rejection Rationale, or describe/refer to Implementation Plan)* |      *< The SICR Owner documents the disposition decision and rationale or implementation plan here, then shares copy of this form with the SICR Coordinator. The SICR Coordinator will communicate the Disposition Decision and contents of this field back to the supplier. The completed SICR form(s) are not shared with the supplier. Only the disposition description in this field may be communicated back to the Supplier >* |

|  |  |
| --- | --- |
| Design Authority Implementation Completion Summary: |      *<SICR Owner documents the Implementation Completion Summary, including all impacted organizations as applicable>* |
| MLD/CCB Name: |       | Job Title: |       | Date:*(dd/mmm/yyyy)* |       |
| PSW # *(if applicable)* |  | Engineering Change # *(if applicable)* |  |  |  |
| SICR Owner Name: |       | Date:*(dd/mmm/yyyy)* |       |

## Final sign-off

**To be completed by Philips SICR Coordinator, prior to closing the SICR and communicating to Supplier:**

|  |  |
| --- | --- |
| Philips Central Disposition Completion Summary: |      *<When multiple Philips Design Authorities are impacted, SICR Coordinator completes this section only in the Parent SICR form, and references the individual Design Authority SICR forms here, along with the consolidated closure statement (delete this guidance text, replace with content). The completed SICR form(s) are not shared with the supplier. Only the completion description in this field may be communicated back to the Supplier>*  |
| SICR Coordinator Name: |       | Date:*(dd/mmm/yyyy)* |       |