



Petition for Department Review of Compassionate Use Board (CUB)Denial

If you disagree with the Notice of Determination(s) and/or Determination(s)/Rulings by the CUB, you may petition the decision(s) to the Utah Department of Health Executive Director's Office by completing this form and explaining why you disagree. You must sign the form and return it to the UDOH EDO at the email address listed above. **YOU HAVE 30 DAYS FROM THE EMAIL DATE OF THE NOTICE TO FILE A PETITION.** If you petition after the 30-day period, your request will be dismissed.

SECTION I		PETITIONER INFORMATION	
INSTRUCTIONS:	The following information must be provided by the Petitioner (guardian, or patient who is petitioning the denial)		
Patient Name:		Date of Birth:	
Petitioner Name:		Relationship to Patient:	
Petitioner Address:		City/State:	
		Zip Code:	
Petitioner Phone:			
Petitioner Email:			
Certifying Medical Condition:			
Qualified Medical Provider (QMP) Name:			
SECTION II		PETITIONER STATEMENT	
INSTRUCTIONS:	Explain how the Compassionate Use Board's decision to recommend denial of the petition was arbitrary and capricious.		
The CUB's denial decision was made without sufficient adequate findings and was found to deviate from the rules or procedure outlined in the Utah statute (26-61a-105) on this date: _____ because:			

Signature of Petitioner*:	Date:

***Note if the petition is signed by an individual other than the patient/guardian a release of information must be requested and signed prior to any discussion of the patient's case. Contact the CMC for more instruction.**