

**Medicare Part C and Part D Reporting Requirements  
Data Validation Procedure Manual**

**Appendix I: Example Data File Inventory Log**

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Group

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**Sponsoring Organization:**

**On-Site or Virtual Visit Date:**

Reporting Section	Name of Report Owner(s)	Name of Data File	Final Stage Sample, Final Stage File, Interim File, Source File, or Other	Number of Rows	Description of File (e.g., source system name, step in data production process, name of report or output file if applicable)	File Copied onto Secure Storage Device (Y/N)