Health Canada Santé Canada

Mandatory Medical Device Problem Reporting Form for Industry

CANADA VIGILANCE - MEDICAL DEVICE PROBLEM REPORTING PROGRAM

If more space is required, please attach additional sheets
Fields required to be completed for updates/final reports are indicated by an *

A. REPORTER INFORMATION

1. i. Reporter Type

○ Manufacturer ◉ Importer

In the case where the reporter is the importer:

ii. Did the importer report the incident to the manufacturer?

◉ Yes ○ No

iii. Is the importer also submitting the report on behalf of the manufacturer?

◉ Yes ○ No

2. Reporter Contact Information *

ecc122dda5dadea3e49c4c3ad5d76bda

3. Reporter File No. *

1179745

4. Health Canada File No. (if applicable) *

not assigned yet

5. Type of Report *

○ Preliminary ◉ Update ○ Final ○ Preliminary & Final

If "preliminary" only, anticipated date for the final report:

(YYYY-MM-DD)

If "update/final", date the previous report was submitted to Health Canada:

2020-01-13 (YYYY-MM-DD)

6. Date Submitted *

2020-04-14 (YYYY-MM-DD)

	Manufacturer	Importer
7. Name and Address	BECTON DICKINSON AND COMPANY 1 Becton Drive Franklin Lakes, NJ, US, 07417	Becton Dickinson Canada Inc. 2100 Derry Road, Suite 100, Mississauga, ON L5N 0B3
8. Health Canada assigned company identification number (if known):	101288	101291
9. Establishment License Number (if applicable):		204

B. INCIDENT INFORMATION

1. Classification of Incident *

i. ○ 10-Day ◉ 30-Day

ii. ◉ Canadian ○ Foreign

iii. ○ Investigational testing ○ Special Access Program
○ Radiation emitting device (if applicable)

2. Date of Incident

(YYYY-MM-DD)

3. Reporter's Awareness Date

2019-09-10 (YYYY-MM-DD)

4. Patient Consequences

d4c6d5eb293e0614632edf568267af57

5. Details of Incident

a20d54a3609b4142a99180aacb64c663

C. MEDICAL DEVICE INFORMATION

1. Trade/Brand Name *
BD Vacutainer® Blood Collection Tubes

2. Control/Lot/Serial No.
8354813

3. Expiration Date
2020-06-30 (YYYY-MM-DD)

4. i. Device Classification
(●) I ( ) II ( ) III ( ) IV

ii. Device License No.

iii. Device Identification No

iv. Manufacturer's Medical Device Identifier (catalogue/model no.)
367861

5. Software Version
not applicable

6. Age of Device
unknown

7. How long was the device in use?
unknown

8. Was the device labelled as sterile?
(●) Yes ( ) No

9. Availability of device for evaluation
( ) Destroyed (●) Returned to Manufacturer/Importer
( ) Neither (with explanation)

D. COMPLAINANT INFORMATION

1. Complainant is a:
( ) Consumer (●) Health professional ( ) Other

2. Name of Complainant
fed6a3bbd514bef95e3dac77d24137a2

3. Name of Health Care Facility (if applicable)
b1a2479602bd58a42f5eb2363faefeaa

4. Address
9802b7da72b1f4b703718367a01d4b69

5. Telephone No. and/or E-mail Address
0ae67d06b83328955b4fb8881ae305ea

Privacy Notice Statement: For the purposes of the Canada Vigilance - Medical Device Problem Reporting Program, information related to the identity of the complainant and/or reporter will be protected as personal information under the *Privacy Act*, and under the *Access to Information Act* in the case of an access to information request. For details with regard to personal information collected under this program, visit the Personal Information Bank; Health Canada; Health Products and Food Branch; Branch Incident Reporting System; HC PPU 088 at: http://infosource.gc.ca/inst/1476/1476-fedemp00-eng.asp

E. INVESTIGATION INFORMATION

1. Investigative Actions and Timeline
c96b2b9af6503a9227066bebb4a5459e

2. Root Cause of Problem
60b725f10c9c85c70d97880dfe8191b3

3. Corrective Actions taken as a result of the investigation
d41d8cd98f00b204e9800998ecf8427e