

Document Number: Attachment 1 QS00015479Revision: 3Title: Customer Repair/Service Request FormPage: 1 of

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Customer Information										
Customer/Facility Name:		John Hunter Hospital					Acco	ount #:		
Customer Address:		Level 1 John Hunter Hospital, Loc				ookout Road, Nev	/ Lambt	on Heigh	nts	
Contact Pe	Steven Bradbury					Pho	ne No:	(02)	49213144	
Email Add	Steven.Bradbury@health.nsw.go				gov.au					
Product Return Address:		As Above								
Product Information										
Model No.		Serial I	No.	Fault Description						
Event Information										
1. Did the event res	atient	ent or user injury or death?			Yes			No (if no ignore Q2-6)		
2. Did the event occ	ing Set-up Pre-op				During Op	Pos	st Op	Service	Testing	
a) If during Pre-Op, did the reported event result in a procedure delay?										☐ No
3. Who was using the device at the time of the event (Name & position)										
4. Date the event of	d									
5. Date Cardinal Hea	st alerted of event									
6. Cardinal Health S	p Nam	e								
Return Information										
Submit this form via email to ts.anz@cardinalhealth.com immediately										
Contact ANZ Technical Services Phone: 1300 289 81							Email:	ts.anz(<u>@cardinalhe</u>	alth.com
Place this form with the product and return to: Cardina						Supply Chain I Health Technical Solutions Centre-Dock 15 plar Road, Erskine Park, NSW 2759				
Name of requestor:							Date:			