

Customer Information			
Customer/Facility Name:	John Hunter Hospital	Account #:	
Customer Address:	Level 1 John Hunter Hospital, Lookout Road, New Lambton Heights		
Contact Person:		Phone No:	(02) 49213144
Email Address:			
Product Return Address:	<input type="checkbox"/> As Above		
Product Information			
Model No.	Serial No.	Fault Description	
Event Information			
1. Did the event result in patient or user injury or death?	<input type="checkbox"/> Yes		<input type="checkbox"/> No (if no ignore Q2-6)
2. Did the event occur during	<input type="checkbox"/> Set-up <input type="checkbox"/> Pre-op <input type="checkbox"/> During Op <input type="checkbox"/> Post Op <input type="checkbox"/> Service <input type="checkbox"/> Testing		
a) If during Pre-Op, did the reported event result in a procedure delay?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
3. Who was using the device at the time of the event (Name & position)			
4. Date the event occurred			
5. Date Cardinal Health first alerted of event			
6. Cardinal Health Sales Rep Name			
Return Information			
Submit this form via email to ts.anz@cardinalhealth.com immediately			
Contact ANZ Technical Services	Phone:	1300 289 818	Email: ts.anz@cardinalhealth.com
Place this form with the product and return to:		c/- DHL Supply Chain Cardinal Health Technical Solutions Centre-Dock 15 78 Templar Road, Erskine Park, NSW 2759	
Name of requestor:			Date:



CardinalHealth

Document Number: Attachment 1 QS00015479

Revision: 3

Title: Customer Repair/Service Request Form

Page: 2 of

2
