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| **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:** | | | As Above | | | | | | | | | | | | |
| **Product Information** | | | | | | | | | | | | | | | |
| **Model No.** | | **Serial No.** | | | | **Fault Description** | | | | | | | | | |
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| **Event Information** | | | | | | | | | | | | | | | |
| 1. **Did the event result in patient or user injury or death?** | | | | | | | | Yes | | | | | No (if no ignore Q2-6) | | |
| 1. **Did the event occur during** | | | | Set-up  Pre-op  During Op  Post Op  Service  Testing | | | | | | | | | | | |
| * 1. **If during Pre-Op, did the reported event result in a procedure delay?** | | | | | | | | | | | Yes | | | | No |
| 1. **Who was using the device at the time of the event (Name & position)** | | | | | | | |  | | | | | | | |
| 1. **Date the event occurred** | | | | | | | |  | | | | | | | |
| 1. **Date Cardinal Health first alerted of event** | | | | | | | |  | | | | | | | |
| 1. **Cardinal Health Sales Rep Name** | | | | | | | |  | | | | | | | |
| **Return Information** | | | | | | | | | | | | | | | |
| **Submit this form via email to** [**ts.anz@cardinalhealth.com**](mailto:ts.anz@cardinalhealth.com) **immediately** | | | | | | | | | | | | | | | |
| **Contact ANZ Technical Services** | | | | | **Phone:** | 1300 289 818 | | | **Email:** | | | [ts.anz@cardinalhealth.com](mailto: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:** | | | |  | | | |