

## PRODUCT COMPLAINT HANDLING

MEDICAL INSTR	RUMENTS							FORIVI	
							REGULATOR	RY DEPARTMENT	
CUSTOMER CODE:									
			CUSTOMER	INFORMATION					
CUSTOMER NAME									
HOSPITAL NAME		HOSPITAL ADDRESS							
PHONE NO.				FAX NO.					
EMAIL ADDRESS				COMPLAINT NO					
			INCIDENT I	NFORMATION					
DESCRIPTION			PRODUCT CODE	E DATE OF INCIDENT		PRODUCT BATCH & LOT)	EXPIRY	PRODUCT SPECIFICATION/ SIZES	
PROBLEM DESCRIPTI	ION/ REPORT ATTACHMEN	T:							
		т	O BE FILLED OUT BY BIO	SITE MEDICAL INSTRUME	NT				
INITIAL RECOMMENDATION			FINAL RECOMMENDATION			Status of Complaint (check the appropriate parentheses) Please specify whom it was endorsed and action done:			
								RESOLVED ENDORSED OTHERS REMARKS:	
IGGUES DV						A PROPOVED DV			
ISSUED BY		RECE	EIVED BY			APPROVED BY			
(Signature over Printed Name)			(Signature over Printed Name)			(Signature over Printed Name)			
DATE SIGNED:			DATE SIGNED:			DATE SIGNED:			
BMI-FORM-REG-001									
Bios	ito			PRODUC	T	COMPI	LAINT HA	NDLING	
MEDICAL INSTR								FORM	
CUSTOMED COST							REGULATOR	RY DEPARTMENT	
CUSTOMER CODE:			011670117	INTERNATION.					
			CUSTOMER	INFORMATION					
CUSTOMER NAME				JOB TITLE					
HOCDITAL NAME				HOCHTAL ADDRE	cc				

CUSTOMER CODE:							REGULATOR	RY DEPARTMENT					
COSTOMER CODE:			CUSTOMER	INFORMATION									
CUSTOMER NAME		JOB TITLE											
HOSPITAL NAME				HOSPITAL ADDRE	SS								
PHONE NO.				FAX NO.									
EMAIL ADDRESS				COMPLAINT NO									
	INCIDENT INFORMATION												
DESCRIPTION			PRODUCT CODE	DATE OF INCIDENT	(	PRODUCT BATCH & LOT)	EXPIRY	PRODUCT SPECIFICATION/ SIZES					
PROBLEM DESCRIPTION	ON/ REPORTATIACHMEN' SIGNATURE:	T:											
POSITION TITLE:	—DATE RECEIVED: —												
DATE OF EVALUATION:	DATE OF EVALUATION: REMARKS. TO BE FILLED OUT BY BIOSITE MEDICAL INSTRUMENT												
INITIAL RECOMMENDATION		FINAL RECOMMENDATION				Status of Complaint (check the appropriate parentheses) Please specify whom it was endorsed and action done:							
								RESOLVED ENDORSED OTHERS REMARKS:					
ISSUED BY		RECEIVED BY				APPROVED BY							
(Signature over Printed Name)		(Signature over Printed Name)				(Signature over Printed Name)							
DATE SIGNED:		DATE SIGNED:			DATE SIGNED:								