

Medical Product Information Report



Please use this form to report in English your experience with FHC products. Fields marked with * indicate required reporting information. Submit this report to FHC via fax or email and we will respond immediately to confirm receipt.

Customer Information:	
* Hospital/Facility:	* Physician/Contact:
* Shipping Address:	* Telephone:
	* Email:
* City/ Country:	OR Nurse/ 2 nd Contact:
* Postal Code:	Telephone 2:

Product Information:	
* Product 1/ Cat.#:	* SN/Lot#:
Product 2/ Cat.#:	SN/Lot#:
Product 3/ Cat.#:	SN/Lot#:
* Product was:	<input type="checkbox"/> on consignment from Medtronic <input type="checkbox"/> Sold
Additional product information: i.e. Sterilization protocols, shipping and handling,	

Event Information		
* Notify date:	mon./dd/yyyy	Date reporter became aware of product issue
* Event Date:	mon./dd/yyyy	Date of incident
* Description of the event Please provide as many details as possible.		
* Was the product used with a patient?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
* Outcome:	<input type="checkbox"/> Minimal Impact <input type="checkbox"/> Procedure Delays <input type="checkbox"/> Patient Injury <input type="checkbox"/> Death	
* Has event been reported by customer to governing regulatory authority? <input type="checkbox"/> Yes (Date: mon./dd/yyyy) <input type="checkbox"/> No		

Current Status/ Next Action:	
Customer requests:	<input type="checkbox"/> credit <input type="checkbox"/> replacement <input type="checkbox"/> Replacement issued: Qty. _____ Lot# _____ (required)
All credits and replacements are subject to product evaluation by FHC. Contact FHC Customer and Technical Services at +207-666-8190 for RMA# and return shipping instructions.	

Notes:

Reporters Information:	
* Prepared by:	* Company:
* Address:	* Telephone:
* City/ Country:	* Email address:
Signature: (Not required for email)	* Report Date:

Submit this form to:	FHC Customer & Technical Support fax: +207-666-8292 email: quality@fh-co.com	RN# _____ For internal FHC documentation
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