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/ 2nd Contact:
* Postal Code:	Telephone 2:

Product Information:	
* Product 1/ Cat.#:	* SN/Lot#:
Product 2/ Cat.#:	SN/Lot#:
Product 3/ Cat.#:	SN/Lot#:
Customer requests: ☐ *credit* ☐ *replacement (both subject to product evaluation by FHC)* *Contact FHC Customer and Technical Services at +207-666-8190 for RMA# and return shipping instructions.*	
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?	☐ Yes	☐ No		
* Outcome:	☐ Minimal Impact	☐ Procedure Delays	☐ Patient Injury	☐ Death
* Has event been reported by customer to governing regulatory authority?	☐ Yes (Date: mon./dd/yyyy)	☐ No		

Current Status/ Next Action:

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*