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:	*Title:		
	* 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: ☐ on consignment from: ☐ Sold			
Additional product information: i.e. Sterilization protocols, shipping and handling,			
Event Information			
* Notify date: mon./dd/yyyy	Date reporter became awar	re 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:	☐ Procedure Delays	☐ Patient Injury ☐ De	eath
* Has event been reported by customer to governing regulatory authority? Yes (Date: mon./dd/yyyy) No			
Thas event been reported by eastorner to governing regulatory authority:			
Current Status/ Next Action:			
Customer requests: credit replacement 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:			
1 ,	* Address: * Telephone:		
	* City/ Country: * Email address:		
Signature: * Report Date:			
Culomit this form to:	ner & Technical Support		
fax: +207-60		RN#	C doorer metati
L005-20C email: qualit	y@fh-co.com	For internal FH	aocumentation