

Date of this Report:		Alleged Incident date:	
CUSTOMER DETAIL			
Account Name:		Account #:	
Facility Name:			
Facility Address(Billing):		Country:	Zip:
Shipping Address:			
Reporting Person's Telephone #:		E-mail Address:	
Reporting Person's Name and Title: (i.e. Doctor, Nurse, Clinician, Health Care Professional, Patient, Other)			
Customer Letter with Investigation Results required? <input type="checkbox"/> Yes <input type="checkbox"/> No			

PRODUCT DETAIL	
Part Description:	Product being Returned? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why?
Part Number:	<input type="checkbox"/> Original Part or <input type="checkbox"/> Replacement?
Lot/Serial Number:	<input type="checkbox"/> Credit or <input type="checkbox"/> Replacement?
Quantity:	Technical Service Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
UOM: <input type="checkbox"/> Box <input type="checkbox"/> Carton <input type="checkbox"/> Single Unit or Eaches	Technical Service Report available? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes (please attach)
Purchase Order/ Invoice #:	Warranty Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Installation:	

ALLEGED QUALITY ISSUE / INCIDENT DETAIL
Type of Incident: <input type="checkbox"/> Product Complaint <input type="checkbox"/> Repair <input type="checkbox"/> Service or Install <input type="checkbox"/> Out of Box Failure <input type="checkbox"/> Mislabeled Product <input type="checkbox"/> Shipping Damage <input type="checkbox"/> DC Error <input type="checkbox"/> Customer Dissatisfaction
Incident Details Surrounding Event:
Did the incident occur before, during, or after a procedure? <input type="checkbox"/> Before <input type="checkbox"/> During <input type="checkbox"/> After
Procedure Details/Test Performed:
Patient, Gamete, Embryo, or End User Involvement? Any patient injury or impact to the gamete or embryo?
Medical or Procedural intervention?
Patient/Gamete/Embryo Status:
Is this an isolated or ongoing event (if ongoing, please provide separate reports for each event)?
Photographs or images of the reported event (please attach):
Additional information: