**Complaint(s) Registration Form for Consumable**

**In case of any complaints or technical inquiries, please fill in the following form with complete details and return by email or fax as soon as possible. Insufficient information might result in delay of response and solution.**

**Ref.:**

**Report date:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Distributor Information** | | | | | |
| Company Name | |  | | | |
| Address | |  | | | |
| City/ Country | |  | | | |
| Telephone | |  | | Fax: | |
| Contact Person | |  | | Zip Code: | |
| **End User Information** | | | | | |
| Hospital Name | |  | | | |
| Address | |  | | | |
| City/ Country | |  | | | |
| Contact Person | |  | Fax: | | |
| Telephone | |  | Zip Code: | | |
| **Product information** | | | | | |
| Product name |  | | | Specifications |  |
| LOT/SN |  | | | Quantity |  |
| **Problem description** | | | | | |
| 1. Any damage of the packaging materials during transportation? 🞎 Yes 🞎 No | | | | | |
| 1. Any damage of the product’s appearance? 🞎 Yes 🞎 No | | | | | |
| 1. Any problems during operation? If yes, please describe: 🞎 Yes 🞎 No | | | | | |
|  | | | | | |
| 1. Is the product connection in good condition? 🞎 Yes 🞎 No | | | | | |
| 1. If the problem is solved after reconnection? 🞎 Yes 🞎 No | | | | | |
| 1. If the problem is solved after used another one? 🞎 Yes 🞎 No | | | | | |
| 1. Any similar problem occurred within half a year? 🞎 Yes 🞎 No | | | | | |
| 1. Any clinical problem it caused? If yes, please describe: 🞎 Yes 🞎 No | | | | | |
|  | | | | | |