

Complaint Report for Product

Please fill out all fields marked by *asterisk*.

Return this form by email at: product.complaints@aidian.eu

Customer Fill

*Date:			
*Company:		*Country:	
*Contact person:			
*Email for contact person:			
*Customer internal complaint identification no.:			
*Product code/ref/catalogue number:			
*Product name/UDI code:			
*Kit lot number/Instrument serial number:			
*Instrument software number (if applicable):			
*Expiration date of the kit:			
*Sample type (if applicable):			
FINGERSTICK (WHOLE BLOOD) VENOUS (WHOLE BLOOD) SERUM PLASMA URINE ENVIRONMENT			
CONTROL FEACES THROAT SAMPLE OTHER, describe:			
<input type="text"/>			
*Sample available on request:	YES	NO	
*Description of the complaint			
Attachments:	PRINT-OUT	PICTURE	RESULT FILE OTHER

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Manufacturer Fill

Customer number:	
Case number (CRM):	
Case number (SAP):	

Summary of investigation

Complaint is	JUSTIFIED	UNJUSTIFIED
Compensation		

Investigation Completion Date: