Product Complaint Reporting Form

| Section 1.0: Contact Information |
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| Account Number |       |
| Account Name (from SAP/SFDC) |       |
| Reporter Name/Title |       |
| Additional Contact Name/Title |       |
| Point of Contact for Follow-up |       |
| Email Address |       |
| Phone Number |       |
| Address |       |
| Does Customer Require Investigation Response? |       |

| Section 2.0: Incident Information |
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| BD Awareness Date | *Click or tap to enter a date.* |
| Date of Event | *Click or tap to enter a date* |
| Country Event Occurred |       |
| Describe Customer Concern, Details of Event including how the issue was resolved |       |
| When was issue detected? | *Choose an item.* |
| Was affected product used on a patient? | [ ]  Yes [ ]  No |
| Was there any impact to a Patient, HCP, User or Other? | [ ]  Yes [ ]  No |
| If Yes, who was impacted? | *Choose an item.*If other, please specify:       |
| Describe Impact to Patient, HCP, User or Other, including recovery, if applicable? |       |
| Type of Clinical Event(s)*If patient, HCP, User or Other impacted* | *Choose an item.*If other complications, please specify:       |
| Clinical Event Description |       [ ]  N/A |
| Was the User Exposed to Hazardous, Blood, or Bodily Fluids | [ ]  Yes [ ]  No [ ]  N/A |
| For Life Sciences Products Only:  |
| Did the Incident Involve Incorrect Test Results?  | [ ]  Yes [ ]  No [ ]  N/A |
| Was Patient Treatment Altered Because of these Results?  | [ ]  Yes [ ]  No [ ]  N/A |
| Comments |
|        |

| Section 3.0: Product Information |
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| Product / Catalogue Number |       |
| Product Description |       |
| Affected Quantity (actual defective units) |       |
| Lot/Serial Number |       |
| Number of Occurrences |       |
| Software Version, if applicable |       |
| Hardware and accessories information, if applicable |       |
| Business Unit associated with product, if known | *Choose an item.* |

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| Section 4.0: Sample Information |
| Sample / Photo Available for Return? | *Choose an item.* |
| Type of Sample Available | [ ]  Actual [ ]  Companion (same lot/batch) [ ]  N/A |
| Quantity of Sample Returned |       [ ]  N/A |
| Identify if Sample is Contaminated | [ ]  Yes [ ]  No [ ]  N/A |
| If Contaminated, what type | [ ]  Chemotherapy [ ]  Biological [ ]  OtherIf Other, please specify:       |