



PLEASE COMPLETE AND FORWARD THIS REPORT TO THE FOLLOWING:

FAX: (1) 626-333-3424

EMAIL: orders@nhpsurgipak.com

At NHP Surgi-Pak, we value your comments regarding our products. If your question is regarding a personal medical matter, it should be discussed with your medical practitioner. NHP Surgi-Pak is unable to enter into any correspondence concerning medical advice.

1. Report Date: _____

2. Company Name (if applicable): _____
(i.e. Name of distributor/company or other entity, or name of individual completing this report)

Contact Name: _____ Tel: _____

Title / Department: _____ Email: _____

Customer Account No. (if applicable): _____

Company Address

Street: _____ City: _____

State: _____ Zip/Postal Code: _____

3. Type of Reporting Party:

Distributor Hospital Facility Individual Other

4. Product Experience Report:

(Please attach an additional sheet if needed.)

5. Product Information

Product Code: _____ Lot No: _____

FOR INTERNAL USE: DO NOT COMPLETE THIS SECTION

QA/RA Department Disposition: _____ Reportability Assessment: Yes No

Marketing Department Disposition: _____