

# **COMPLAINT PROCEDURE SHEET**

## **LAB REAGENTS / CHEMICALS / DISPOSABLES**

*Please fill in this form and fax it to:- 24601593*

in accordance with legal requirements and applicable ISO standards this complaint procedure sheet must be returned completely filled in to the Directorate General Of Medical Supplies

**Hospital :** ..... **Region :** ..... **Date :** .....

**Item computer code :** ..... **Cat No :** ..... **Lot No :** .....

**Item description :** ..... **Expiry :** .....

**No. of kits complained :** ..... **Mfr Name :** .....

**No. of kits received :** ..... **Date of receipt of kits :** ..... **No. of kits on stock:** .....

**Performance :** manual  semiautomatic  automatic

*Analyzer name :* .....

**Control(s) used :** ..... **Cat.No.:** ..... **Lot No:** .....

**Expiry :** .....

**Target value :** ..... **Results :** .....

**Sample material :** .....

**Comparative test done?**

**Manufacturer 1/Name:**

**Method 1:**

..... Please attach results

No  Yes

**Manufacturer 2/Name:**

**Method 2:**

..... Please attach results

**Detailed failure description:** (If available attach copies from application, printouts, photos etc. give patient's data, clinical status, former and follow up results , ect...)

.....  
.....  
.....

**Actions and investigations already performed:**

Customer's results confirmed by own testings      No       Yes       Please attach results

With customer's reagent      No       Yes       Please attach results

With fresh stock reagent      No       Yes       Please attach results

Test procedure checked      No       Yes       Please attach application

Other actions/investigations done      No       Yes       Please describe

**Person in charge:**

**Name :** .....

**Telephone No:** ..... **Fax No:** .....

Hosp seal

**This part gets filled in by Directorate General Of Medical Supplies**

**Complaint No:** .....

**Manufacturer :** .....

**Date:** .....