

 ICP	Customer complaint record	
	Document ID: F-06-1	Revision: 01
		Date of issue: 15.04.2025.

Identification of nonconforming product		
Medical device <input type="checkbox"/>		Biocide
Product name:		
LOT number:		
Packaging size and quantity of nonconforming products (example: 250ml / 3 pcs)		
Customer information		
Customer name		
Order ID / Delivery note ID		
Person who noticed a nonconformity:		Date:
Description of nonconformity:		

Patient information in case of suspected adverse effect (AE)			
Gender	<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> divers	Initials:	
Date of birth			
Reason for the use of product			
Further person affected	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many?	
Contact details of involved physician	name / address / e-mail / phone / fax		
Progress of adverse event	Description		
	Life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Following action taken	surgical intervention
	hospitalisation
	prolongation of hospitalisation
	none of them
Final outcome of the AE	unknown
	recovered
	not yet recovered
	irreversible damage
	Death (date): _____
Further information relevant for case evaluation	<i>underlying diseases (e.g. allergy, skin diseases), pregnancy, concomitant medication, laboratory data, test results (if applicable, use attachment)</i>
Who was informed	manufacturer
	Swissmedic
	EUDAMED
	EU representative
	Other

[job title]

[name]

[signature]

NOTE: Please submit the completed form to: complaints@icproducts.ch