

Complaint Form



Name:

Company:

Address:

Customer number:

Phone number:

E-Mail-address:

Product name:

LOT number:

Ordernumber:

What is your complaint about? damage in transit product quality

please describe:

1. Has the cold chain been interrupted at any point? YES NO

2. Has the reagent been stored properly? YES NO

3. Are there any kind of visual abnormalities?

YES

NO

If **YES**:
colour change?
particles?
sediment?
other?

please describe:

4. Is the recovery in range?

YES

NO

If **NO**:
increased?
undervalued?

5. What has been used for calibration?

LOT:

6. Have patient samples been measured?

YES

NO

If **YES**:
serum?
plasma?
urine?

If **SERUM**:
HEP?
EDTA?

7. Which kind of automat did you use for measuring?

Please add the following attachments:

applikation data

measured data

produkt picture