

Additional information

Local reference number:

Form Title: Form-n°: Version: PQC/AE/MI FORM SOP-CP-012-appendix 2 01

FORM

Please send this document within the same working day after receipt of the notification to:

- Product Quality Complaints: QA@in2pharma.com / Phone: +32 16 891 600 If possible, deliver the relevant packaging and/or take photos.
- Adverse events and/or Medical Information: PV@in2pharma.com / Phone: +32 16 891 600

PRODUCT QUALITY COMPLAINT/ADVERSE EVENTS/MEDICAL INFORMATION FORM

Date + Time of receipt: Name Client: Name Receiver: Identifiable reporter Name reporter: Address: Phone number: Email: Identifiable patient (Not Applicable for PQC/Medical information) Initials: Date of birth/ Age: Gender: M V Suspected product(s) Food supplement Batch number(s): Suspected product(s): Expiry date: Description of the complaint/event/medical question Description: Date complaint occurred: **Duration:**