

Dear Customer,

a quick processing of your complaint is important for us. For this reason, we need this complaint Form with all the data do you have. Please submit all information in this complaint Form.

If you have any questions or proposals, please contact us at [md-vigilance@corpuls.com](mailto:md-vigilance@corpuls.com).

## 1. Data user

Company name:		GS case number:	
Street no.:		Contact name:	
Zip code, City:		Phone number:	
Country:		e-mail:	

## 2. Information on the defect device / product

Product:		Accessories:	
Part number:		SW-version:	
Serial number:		FW-version:	
Lot:			

## 3. Details of use / incident

Date of incident:		Mission files available:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Time of the incident:		Mission file number:				
Location of incident:		Trace Logs:				
In which application has the error occurred?	Service Acces	<input type="checkbox"/>	Unknown	<input type="checkbox"/>		
	Daily check	<input type="checkbox"/>	At mission	<input type="checkbox"/>	Other situation of use	<input type="checkbox"/>
Where did the incident take place? (z.B. Ambulance, Bed, outside)						

Description of error:											
User behaviour after the incident:											
Consumables used:											
Environment								Temperature:		°C	
Further devices on site?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	If yes, which:						
<b>4. Patient information</b>											
Disease Patient											
Treatment result											
Device incident resulted in	Dead	<input type="checkbox"/>	Grave implications	<input type="checkbox"/>	No grave implications	<input type="checkbox"/>	Unknown	<input type="checkbox"/>			
Protocol of patient harms?								Yes	<input type="checkbox"/>	No	<input type="checkbox"/>