

HPN PRODUCT COMPLAINT FORM



PNDU

Parenteral Nutrition Down Under

Email: contactpndu@gmail.com

Website: www.pndu.org

FROM

NAME: _____ DATE: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE: _____

HOSPITAL TEAM: _____

ADDRESS: _____

CONTACT: _____ POSITION: _____

TELEPHONE: _____ EMAIL: _____

PRODUCT (If more than one product, please complete a separate Complaint Form for each product)

PRODUCT DESCRIPTION: (including brand)

PRODUCT CODE: BATCH NO:

EXPIRY DATE:

REASON FOR THE COMPLAINT

(NB: If you have experienced an adverse reaction, you must contact your hospital IMMEDIATELY)

DETAILS OF THE DEFECT

Please tick as appropriate ✓

THE PN BAG: THE OVERWRAP: THE PUMP: OTHER DEFECT (detail below):

LOSS OF MATERIALS: GIVING SET/LINE(S): THE BOX/CARTON:

DEFECT DETECTED

BEFORE USE: DURING PREPARATION: DURING INFUSION: AFTER INFUSION:

CAN THE PRODUCT BE RETURNED? Y N IF NO, REASON: NUMBER OF DEFECTIVE SAMPLES TO BE RETURNED?

COLLECTION REQUIRED? Y N OR DEFECTIVE SAMPLE(S) TO BE DELIVERED TO TREATING HOSPITAL? Y

ATTACH DRAWING/PHOTO AND SEND TO:

1. Your medical team at **your treating hospital**
2. **AND Baxter Healthcare Pty Ltd** (if you receive the defective product directly from Baxter) at:
homecare_ANZ@baxter.com (for both Australia and New Zealand)
or fax: NZ +64 (0)9 574 2450 **OR** AUS +61 (0)2 9849 1023
3. **AND PNDU** at contactpndu@gmail.com

Do you wish to be provided with further information regarding this product investigation? Y N