**Product Technical Complaint (PTC) Report**

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| **CONTACT INFORMATION**:  Reporter's name (first/ last names): Click or tap here to enter text. |
| Facility name:Click or tap here to enter text. |
| Address:Click or tap here to enter text. |
| Phone:Click or tap here to enter text. |
| Email:Click or tap here to enter text. |
| **PRODUCT INFORMATION:**  Product:Click or tap here to enter text. |
| Size:Click or tap here to enter text. |
| Lot # (from product vial):Click or tap here to enter text. |
| Expiration date:Click or tap here to enter text. |
| Number of units affected:Click or tap here to enter text. |
| Number of units to be returned:Click or tap here to enter text. |
| Detailed description of the complaint:Click or tap here to enter text. |
| **PATIENT INFORMATION (IF APPLICABLE):**  Patient identifier:Click or tap here to enter text. |
| Was the product administered to the patient?: Click or tap here to enter text. |
| **PURCHASE INFORMATION:**  Distributor:Click or tap here to enter text. |
| Purchase date:Click or tap here to enter text. |
| Invoice number:Click or tap here to enter text. |
| Account #:Click or tap here to enter text. |
| Account name:Click or tap here to enter text. |
| Account address:Click or tap here to enter text. |
| GPO contract name:Click or tap here to enter text. |