**Product Technical Complaint (PTC) Report**

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| **CONTACT INFORMATION:**Reporter's 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. |
| Specialty Pharmacy: Click or tap here to enter text. |
| Contact name: 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. |
| Detailed description of the complaint: Click or tap here to enter text. |
| Number of vials affected:Click or tap here to enter text. |
| Was the affected product administered?: Click or tap here to enter text. |
| Number of affected vials available to return:Click or tap here to enter text. |
| Can we email a FedEx return label?: Click or tap here to enter text. |
| Do you have a printer and a box to return the vial(s)?:Click or tap here to enter text. |