CUSTOMER FEEDBACK FORM

Use this form to submit any feedback regarding products and send it to Sentec by email (service@sentec.com). Contact Sentec before you return any material.

Distributor Information			
Distributor:		Country:	
Contact Person (Name, Phone, E-Mail)		Distributor's Internal Issue Number (if available):	

End User Information (if available / applicable)			
Organization (Hospital, Department, City, Country)		Contact Person (Name, Phone, Email)	

Product Identification

In case of software issues request "Full Memory Dump" (SDM) or Screen Shots and V-STATS File / SDM Trend Data (V-STATS)

☐ SDM*   SN: _____   SW Version: (SMB) _____   (MPB/MPL) _____

☐ Sensor *   SN: _____   SW Version: _____   REF: _____

☐ V-STATS (V-CareNeT)   SW Version: _____

* Fill in the serial number and the software version of both SDM and Sensor, even if your feedback concerns only one component of the system! (You will find this Information in the SDM menu "System information")

☐ Accessories, Disposables, other

Description: _____   SN / Lot #: _____

Description: _____   SN / Lot #: _____

Description of problem or feedback

Date of occurrence: _____

Short Description: _____

Description (problem / possible cause / tests performed):

Was a patient involved?

☐ no ☐ yes

If yes, did this issue lead or might have led to a serious injury or death of the patient?

If yes, please explain:

Immediate Actions (if any – by End User, by Distributor, or by Sentec)

Form completed by:			SUBMIT BY EMAIL
Date (YYYY-MM-DD):			

For Sentec Use only

Complaint? ☐ no   Reason: _____

            ☐ yes Complaint Record CR # _____

Section completed by: _____

Date (YYYY-MM-DD):		Signature:

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