Instructions:

- 1. Use this form to report deficiencies or defects of medical products
- 2. Problems of this nature are usually found in a single batch of a product.
- 3. Do not report ADR using this form.
- 4. Use a separate form for different product defect complaints.
- 5. Return the completed form to Medical Product Division at mpd@bfda.gov.bt

1. Details of reporter (i.e patient, customer, and client):					
Name & Address					
Phone No & e-mail ID					
2. Product Details (Mandatory)					
Brand name:					
Generic name:					
Composition (with strength) or components:					
Batch no.					
Name & Address of the Manufacturer:					
Mfg. Date					
Expiry Date:					
3. Details of the Product Defect: (Mandatory)					
Was the defect encountered during the use of product	Please tick one: □ Yes □ No If Yes: Was the product used/dispensed as per the manufacturer's instruction?				
Description of the Defect/Problem:					

4. Details on Stock Balance and Storage: (Mandatory)						
Do you have Stock Balance of the same batch product?	Please tick one: Yes No If Yes: mention the stock balance here					
Where was the product stored?	Please tick one: □ Store Room □ Dispensary □ Others If others, give details:					
Storage Temperature (in degree Celsius)	(Please report the storage temperature as indicated on the thermometer at the time of reporting):					
Submitted by(Name):		Signature:		Date:		
Occupation/Position:		Institution/Organization and Address:		Phone No & e-mail ID:		
FOR OFFICIAL USE ONLY: Use MPD-WI-VL-08-01/MPD-WI-VL-08-02/						
MPD-WI-VL-08-03 to categorize the product defect and tick appropriate boxes: □ Critical □Major □Minor □Not sure □ Convene Recall Committee Meeting □Send for testing						
Assessed by:			Verif	ied by:		