



Returns & Complaint Reporting Form

Thank you for purchasing a Medisafe Distribution Inc. product. If you need to notify Medisafe of a return or complaint for the product received, please contact the Medisafe Quality System Manager immediately using one of the following methods:

Phone: (604) 232-2442

Fax: (604) 232-2445

Email: qualitysystem@medisafecanada.com

Please return the defective IUD to Medisafe along with this form. Place the IUD in a biohazard bag and return to the address below. When the product is received, a replacement will be processed.

Medisafe Distribution Inc.
7-11771 Horseshoe Way
Richmond, BC V7A 4V4
Canada

Please provide the following information so we can process as efficiently as possible:

Purchase Information:

1. Invoice # M _____
2. Purchase Date: ____/____/____ (yyyy/mm/dd)
3. Name of facility: _____
4. Contact Person: _____
5. Street Address: _____
6. City: _____
7. Province: _____ Postal Code _____
8. Telephone number: () ____ - _____
9. Facsimile number: () ____ - _____
10. E-mail: _____

Ship to Information (if different than the purchase information):

1. Name of facility: _____
2. Contact Person: _____
3. Street Address: _____
4. City: _____
5. Province: _____ Postal Code _____
6. Telephone number: () ____ - _____
7. Facsimile number: () ____ - _____
8. E-mail: _____

Revised April 13, 2015



LEADING SUPPLIER OF:
MEDICAL SUPPLIES, FEMALE CONTRACEPTIVE PRODUCTS AND RAPID DIAGNOSTICS

Medical Device Details:

- 1. Trade/Brand Name: _____
- 2. Model #: _____
- 3. Expiry Date: _____
- 4. Lot #: _____
- 5. Manufacturer's name: _____

Reason for Return or Complaint Reporting:

- **Product** (performance, characteristic, malfunction, safety of the device)
- **Administrative** (process, shipping, billing)

Returns:

Prior to returning a product, please contact Medisafe and request a Return Authorization Number (RA #). An RA # must accompany all product returns in order to be accepted and processed.

A Biohazard Bag has been included with your order for return of contaminated product if required.

Complaint Reporting:

All complaints sent to Medisafe will receive a CR # to be referenced by for all further communication.

- The Quality System Manager will ensure the complainant receives a written response within 5 business days of receiving the complaint.
- The Quality System Manager will review and forward the complaint as required to the Manufacturer and / or Health Canada per applicable Manufacturers Procedures and Health Canada Medical Devices Regulations SOR/98-282.

For Office
Use Only

RA #	
CR #	
Admin	
Product	

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