



**Product Technical / Quality Complaint
(PTC / PQC) Report Form**

FORM

Number: FRM-QA-001

Revision number: 003

Revision date: 1 December 2015

Date:	PTC / PQC number (for QA Pharmacist use only):

Patient information:			
Initials and Surname:			
Age / Date of Birth (DOB):		Gender:	Male Female

Product Technical / Quality Complaint details:

Bayer Product / Device information:				
Product / Device name:	Strength:	Pack Size:	Batch No:	Sample Available?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Device Model Number:		Serial Number:		
Device Software Version (if applicable):				

Who reported the PTC / PQC?			
Name and Surname:			
Address (in full please) of Practice / Hospital / Pharmacy:			
Phone / Fax / E-mail:			
Doctor: <input type="checkbox"/>	Patient: <input type="checkbox"/>	Other: <input type="checkbox"/>	Specify:
Bayer Rep Name and Surname:			
Cell number:			

Pharma Products: FAX: 086 673 4822 or E-MAIL: zaqualityph@bayer.com

Consumer Care Products: E-MAIL: zaqualitycc@bayer.com

Date Revised	Revision No.	Revision Details
1 December 2015	003	New format, new e-mail addresses. Include "Device" & "Sample available" sections. Change "Physician to Doctor"
April 2013	002	New e-mail address.
December 2012	001	New Form