CUSTOMER FEEDBACK FORM

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

Distributer 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)
☐	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?

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 (YY-MM-DD):		

For SenTec Use only		
Complaint? ☐ no	Reason:	
☐ yes	Complaint Record CR #	
Section completed by:		Signature:
Date (YY-MM-DD):		