

Report a defect form

Medicinal product - Suspected Defect Reporting form

Please provide as much detail as possible. Fields indicated with a * are mandatory

Report made by

Name* Organisation* Position /
Status Address* Postcode*

Telephone (* at least one number required)

Work direct dial: Work
switchboard: Mobile: E-mail address Confirm e-mail
address Alternate e-
mail address Confirm
alternate e-mail
address

Product details

Product name*	<input type="text"/>
Supplier Name (from label)*	<input type="text"/>
Manufacturing site	<input type="text"/>
Product licence Number (from label)*	<input type="text"/>
Legal Status	<input type="text" value="Please select"/>
Dosage form* E.g tablet, capsule, cream etc.	<input type="text"/>
Strength (from label)*	<input type="text"/>
Container type / size	<input type="text"/>
Batch / Lot number*	<input type="text"/>
Expiry date (from label)*	<input type="text"/>
Date first distributed (if known)	<input type="text"/>
Is sample available for MHRA arranged testing?	<input type="text" value="Don't Know"/>

Defect

Please give details of the reported defect and details of any associated clinical incident*

