



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 within 30 days of the incident. **Note:** There is a limit of 3 free IUD replacements per year per clinic at No Charge for a failed insertion of any type.

If the return is a manufacturing fault, then the IUD **must** be returned to us.

Phone: (604) 232-2442

Fax: (604) 232-2445

Email: qualitysystem@medisafecanada.com

Please call the Medisafe office to get a Return Authorization number and the representative will determine if it is necessary to return the defective IUD to Medisafe via mail in order to receive a replacement. An RA # must accompany all product returns in order to be accepted and processed. Please note: Replacement IUD's will "only" be sent to Clinics, Doctors offices and Hospitals. RA#: _____

Return this form, filled out, via fax or email.

Mail the defective IUD to:
Medisafe Distribution Inc.
7-11771 Horseshoe Way
Richmond, BC V7A 4V4

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

Purchase Information (i.e. pharmacy, patient brought in):

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: () _____ - _____ Facsimile number: () _____ - _____
9. 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: () _____ - _____ Facsimile number: () _____ - _____
7. E-mail: _____



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)

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	

Revised November 27, 2017