

DVMP Reference number Date of registration

REPORT OF A SUSPECTED DEFECT OF QUALITY

Date		
Name of rapporteur/firm		
Contact	Address	e-mail
	Phone	Fax
Product name		
Manufacturer		Package form
Batch number		Expiry date
Description of the suspected defect of quality		
<p>Enclose the sample of the reported product <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sample enclosed <input type="checkbox"/> Opened <input type="checkbox"/> Unopened</p> <p>Storage circumstances of the sample</p> <p>Sending of the sample <input type="checkbox"/> By post <input type="checkbox"/> Personally <input type="checkbox"/> Other.....</p>		
Where did you buy the product (name, address)		
Comment, proposal		
Signature		