**UHL Medical Device Deficiency Report Form**

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| EudraCT number: |  |
| Sponsor number: |  |
| Protocol title: |  |
| Site: |  |
| Subject number: |  |
| Device: |  |
| **Device details** |
| Describe the nature of the device, its normal (label) applications and its application in the Clinical Investigation if different: |
| **Event details** |
| Date of deficiency: |  |
| Description of deficiency |
| Please indicate if the deficiency concerns identity, quality, durability, reliability, safety or performance of the device. |
| Please indicate if the deficiency is due to malfunction, use error or inadequate labelling. |
| **Action taken** |
|  |
| **Additional information** |
| Name and contact details of person reporting and role  |  |
| Date of report: |  |
| PI signature: |  |
| Date received by Sponsor: |  |
| Action: |