ZYNO MEDICAL

Intelligent Infusion Solutions

Complaint Intake Form

To be completed by Complainant / Reporter

Take a picture or scan of this completed form and submit to Complaint Handling Unit at Zyno Medical/InfuTronix/Intuvie at: feedback@intuvie.com

Date of Event:		**Facility Involved:**	
Product Involved:	☐ Pump ☐ IV Set ☐ Other, **Describe**:	**If Pump, select model:**	☐ Z-800WF ☐ Z-800F ☐ Z-800W ☐ Z-800 ☐ Nimbus II Plus ☐ Nimbus II Flex ☐ Nimbus II PainPRO
		Pump Serial Number	
		If IV set, select model:	☐ AX-80075 ☐ FE01 ☐ FE04 ☐ B2- ______________ (Please complete rest of model number) ☐ BX- _______________ (Please complete rest of model number) ☐ A2- _______________ (Please complete rest of model number) ☐ HS-001 ☐ HS-002 ☐ HS-003 ☐ HS-004 ☐ HS-005
		IV Set Product Lot Number:	
****Complainant Name:**		**Complainant Email:**	
Complainant Address:		**Complainant Phone:**	
Complainant Health Care Professional?:	☐ Yes ☐ No	**If Health Care Professional, provide Title:**	
Please provide a picture of failed product with the form:	Picture Attached? ☐ Yes ☐ No	**Complainant Requires Response?**	☐ Yes ☐ No

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Is product available for return?	☐ Yes ☐ No	**Is product being returned?**	☐ Yes ☐ No
Complaint Description: *Please provide details of the problem with the product or the event that occurred.*			
At what point was the complaint detected?	☐ Before Infusion ☐ During Infusion ☐ After Infusion		
Patient birth date or Approximate Age:			

Has/Was the Patient been hospitalized?	☐ Yes* ☐ No (If yes, complete rest of the section)	
	***Duration:**	
	***Hospital Name and Address:**	
Has the Patient sought medical help?	☐ Yes* ☐ No (If yes, complete rest of the section)	
	***Name of Dr. or Facility**	
	*** Dr. / facility Phone and email:**	
Was there a report of an injury for which no medical help was sought?	☐ Yes* ☐ No (If yes, complete rest of the section)	
	Describe injury:	
Has the Patient or someone on their behalf contacted a Regulatory Agency?	☐ Yes* ☐ No (If yes, complete rest of the section)	
	***Whom:**	
	***When:**	
****Reporter Information (if other than Complainant):**	**Name:**	
	Address:	
	Phone:	
	Email:	

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Complaint No	