Contact details of the reporting user (organisation/person)	
Name of organisation:	
Organisation address:	
Organisation postcode:	
Country:	
Point of contact name:	
Point of contact phone number:	
Point of contact position:	
Point of contact e-mail:	
Report date:	
Reporter's report identifier:	

Product details	
Product name:	Critical Care Transfer Stack
Product code/catalogue number(s):	PA1478-2003
Serial number(s):	_ _ / PAM / _____ *(See identity plate)*
Instructions for use version number:	Rev _ *(See footer of this document)*
UDI-DI:	(01)5056549700340
UDI-PI:	(11)_ _ _ _ _ _ (21) _ _ PAM_____ *(See identity plate)*
Manufacturer name:	Illustrious Healthcare Solutions
Manufacturer contact details (e-mail):	info@ihealths.co.uk

Event details
Describe the clinical/analytical procedure during which the observation was made:

Event details	
Event description (e.g. in the event of negative feedback, explain what went wrong with the medical device, and what was the health impact [death, life-threatening, indirect harm such as misdiagnosis or delayed diagnosis/treatment], and in the event of positive feedback, explain suggestions for improvement or positive experiences):	
Date of observation/event:	
% of devices involved:	
Number of devices involved:	
Number of patients involved:	
Operator/user at the time of the observation/event (please choose):	
Healthcare professional	☐
Patient/lay user	☐
Other (specify)	☐
Has more than one user had the observation with the product? (please choose):	
Yes	☐
No	☐
Comments:	
Date of report: ……..……..	Signature: …….……..

Disclaimer: The act of reporting an observation is not an admission of manufacturer, user or patient liability for the event or its consequences.