



Contact details of the reporting user (organization/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: (delete as applicable)	IMPACT 500 / 750
Date of Manufacture:	<i>See under bottom drawer MM/YYYY</i>
Manufacturer name:	Illustrious Healthcare Solutions
Manufacturer contact details (e-mail):	info@ihealths.co.uk
Event details	
Describe the procedure / situation during which the observation was made:	
<p>Event description: (e.g. in the event of negative feedback, explain what went wrong with the device, and what was the effect, and in the event of positive feedback, explain suggestions for improvement or positive experiences:</p>	
Date of observation/event was made:	
Number of devices involved:	
Operator/user at the time of the observation/event (please choose):	Healthcare professional / Patient/lay user / Other (specify):
Has more than one user encountered event?	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.

Rev #
Date

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