PRODUCT COMPLAINT FORM

Please complete this form and send it to your regional Telix Customer Service by email or use the button Submit Form below.

CUSTOMER CATEGORY Customer Category

DATE OF REPORTED INCIDENT

Does the complainant wish to be contacted regarding this complaint? ◯ Yes ◯ No

Customer's contact details

Site name		Contact name and role	
Address		Contact phone	
Country		Contact email	

If the reporter is not the end user, add the end-user's details below. *(for clinical trials do not add patient details, see below)*

Site name		Contact name and role	
Address		Contact phone	
Country		Contact email	

To be completed by the end-user

Product description

Batch number

Quantity

Expiry date

Please give a detailed description of the issue
☐ refer to attachment for more detail

Location of the occurred issue

Role of operator who experienced the issue
(If other, please specify)
Role of operator who experienced the issue

Product injected
(If Yes, please report within 24hrs to pharmacovigilance@telixpharma.com)
◯ Yes ◯ No

Complaint linked to Clinical Trial
(If Yes, please include trial number and patient number)
◯ Yes ◯ No ◯ Clinical Trial ◯ IIT ◯ EAP/AS ◯ Compassionate Use
Trial Number: Patient Number:

For clinical trial products: Harm to patient
(If Yes, please describe)
◯ Yes ◯ No

Supportive evidence of the incident available for investigation by Telix (photos, reports, etc)
(If Yes, please send as attachment)
◯ Yes ◯ No

Note. If email client does not launch once the button is pressed, please submit form manually by email to the region the issue occurred.

For Americas: *customerservice.americas@telixpharma.com*
For Asia Pacific (APAC): *customerservice.apac@telixpharma.com*
For Europe (EMEA): *customerservice.emea@telixpharma.com*

SUBMIT FORM Americas

SUBMIT FORM Asia Pacific (APAC)

SUBMIT FORM Europe (EMEA)

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