Complaints form

CLiP® and SWiTCH automatic safety IV and arterial catheters

We want to make sure that all complaints are handled according to protocol. To be able to handle the complaint effectively we appreciate as much details as possible. We appreciate that you take the time to fill out this form.

The investigation is in many cases very limited if no actual product is available. For our investigation please also send the actual product that caused the deviation/incident to your local distributor. If you have photo(s) or video(s) of the problem - please attach them with your complaint.

If you wish to submit your complaint directly to Vigmed AB the completed complaints form should be sent to qa@vigmed.com and the product that caused the deviation/incident should be sent to:

Vigmed AB
Kungsgatan 6
SE-252 21 Helsingborg
Sweden

As soon as your complaint has been registered you will receive an official complaints number by email.

Step 1 of 3: Healthcare facility information

Name of the health care facility*	
Contact person within the facility	
Address	
Country*	
Internal health care facility complaint number	

Step 2 of 3: Distributor information

Distributor	
Country	
Contact person	
Distributor complaint number	

*Mandatory fields

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Step 3 of 3: Incident description

Incident date*	
Article number of complaint product*	
LOT number of complaint product	
Description of the complaint*	
Did the effect include harm/injury to patient, user or other person? If so – describe in detail.*	
Remedial action taken by the healthcare facility relevant to the care of the patient*	
Contact person for the complaint*	
Email address for complaint response*	

*Mandatory fields