

Medical Device Complaint Form

Your name: _____

Your email: _____

Your Institution: _____

Address: _____

Telephone number: _____

Date of Procedure: _____

Name of Device: _____

Model of Device/Product Number: _____

Product Lot Number: _____

Was the device being used for diagnosis or therapy when the failure occurred?

Diagnosis Therapy Both

Nature and Details of Complaint: _____

Please send completed form to info@summatherapeutics.com or mail to Summa Therapeutics/Complaints, 20 University Rd., Ste. 500, Cambridge, MA 02138