geron	Document No.	FRM-018
	Version	3.0
	Product Quality Complaint Intake Form	

Case ID: (v.«)

To Be Completed by Eversana Staff or ☐ N/A (continue to Section B)			
A. GENERAL INFORMATION			
Case Number:		**Report Version:**	
EVERSANA Received Date:		**Source:**	
EVERSANA Staff:			

B. CONTACT/REPORTER INFORMATION			
Reporter Name:		**Reporter Type:**	
Title		**Phone**	
Address		**Other Phone:**	
		Fax:	
		Email:	
		Primary Reporter:	☒ Yes ☐ No

C. ADDITIONAL CONTACT DETAILS	
Initial notification received from primary reporter:	☒ Yes ☐ No **(specify):** **Received date:**
Was a corresponding AE report filed:	☐ Yes ☒ No

D. PRODUCT INFORMATION		
Product Name:		
NDC #:	**Lot #**	**Expiry Date**

E. COMPLAINT INFORMATION	
Description of Complaint:	
Related to Clinical Trial?	☐ Yes ☒ No **If yes, Clinical Trial (NCT) Number:**
Product Available for Return?	☐ Yes ☒ No
Other Return Details:	**If yes, Storage Instructions Provided:** ☐ Yes ☒ No
Replacement Requested?	☐ Yes ☒ No
Refund or Credit Requested?	☐ Yes ☒ No
Attachments?	☐ Yes ☒ No

Complete this form and return to: GxP-QA@geron.com

Associated Geron PQC #:
(completed by Geron QA)