

	<b>Form</b>	Document No.	FRM-018
		Version	3.0
<b>PRODUCT QUALITY COMPLAINT INTAKE FORM</b>			
Page 1 of 1 Case ID: (v.«PC_Ver»)			

To Be Completed by Eversana Staff or <input type="checkbox"/> N/A (continue to Section B)			
<b>A. GENERAL INFORMATION</b>			
Case Number:		Report Version:	
EVERSANA Received Date:		Source:	
EVERSANA Staff:			

<b>B. CONTACT/REPORTER INFORMATION</b>	
Reporter Name: Title: Address:	Reporter Type:  Phone: Other Phone: Fax: Email: Primary Reporter: <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>C. ADDITIONAL CONTACT DETAILS</b>	
Initial notification received from primary reporter:	<input type="checkbox"/> Yes <input type="checkbox"/> No (specify): Received date:
Was a corresponding AE report filed:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>D. PRODUCT INFORMATION</b>			
Product Name:			
NDC #:	Lot #	Expiry Date	

<b>E. COMPLAINT INFORMATION</b>	
Description of Complaint:	
Related to Clinical Trial?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Clinical Trial (NCT) Number:
Product Available for Return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Return Details:	If yes, Storage Instructions Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
Replacement Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refund or Credit Requested?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Complete this form and return to: [GxP-QA@geron.com](mailto:GxP-QA@geron.com)

Associated Geron PQC #:  
(completed by Geron QA)