

 World Health Organization	REGULATION AND PREQUALIFICATION DEPARTMENT	
	VACCINES ASSESSMENT TEAM	
TEMPLATE		
DATA ENTRY FORMAT FOR ELECTRONIC REPORTING SYSTEM		
Doc No: IMD/TP/13a	Version No: 2	Revise before: 3yrs
Effective date: TBD	Replaces: Annex 1	Page 1 of 2
Approved by:	TL-VAX, date:	UH-PQT, date:
Once printed or copied from the Master, this document is no longer controlled and only valid on the day of printing or copying		

 IMD-PQS Product feedback reporting form	
<i>Use this form to report product defects or operational defects affecting any product selected from the IMD-PQS database.</i>	
<i>Complete every entry marked *. Please complete all fields. If you cannot complete a field, enter 'not known'.</i>	
A. All respondents should complete section A.	
Date*:	<automatic entry>
Product type*:	<user entry from drop down list >
Manufacturer*:	<user entry>
Model number*:	<user entry>
Year of purchase:	<user entry from selection box>
Country*:	<user entry from drop down list>
Province/region*:	<user entry>
Type of facility*:	<user entry>
Describe the problem*:	<user entry>
How many units are affected by this problem?*	<user entry>
Is the manufacturer's warranty still current for any affected units?	<user entry>
If yes, has the supplier (including UNICEF Supply Division) been contacted?	<user entry>
What other action has been taken to resolve the problem?	<user entry>
Do you have suggestions for improving this product?	<user entry>

 World Health Organization	REGULATION AND PREQUALIFICATION DEPARTMENT	
	VACCINES ASSESSMENT TEAM	
TEMPLATE		
DATA ENTRY FORMAT FOR ELECTRONIC REPORTING SYSTEM		
Doc No: IMD/TP/13a	Version No: 2	Revise before: 3yrs
Effective date: TBD	Replaces: Annex 1	Page 2 of 2
Approved by:	TL-VAX, date:	UH-PQT, date:
Once printed or copied from the Master, this document is no longer controlled and only valid on the day of printing or copying		

If possible insert a digital picture here which illustrates the problem. Use .jpeg format.	
B. If you are a WHO or UNICEF staff member or consultant, complete section B.	
Respondent's name:	<user entry>
Organization:	<user entry>
email address:	<user entry>
Source of data:	<user entry from drop down list – e.g. EVSM>
<i>WHO will treat feedback reports as confidential and the data contained herein will be consolidated before it is released to any third party.</i>	

DRAFT