



## Quality Defect Reporting Form

**Note:** This form is **NOT** for reporting the Adverse Events.

The information in this report is confidential and totally protected including both the identity of the patient and the report provider.

<b>Report Date*</b>		
<b>Product Details</b>		
1) <u>Product's Type</u>		
Drug		
Dietary Supplement		
2) Product Name (Trade or Generic Name)		
3) Strength		
4) Dosage Form		
5) Batch Number		
6) Registration Number ( <i>if available</i> )		
7) Manufacturing Date		
8) Expiry Date		
<b>Type of Quality Problem</b>		
1) <u>Type of Quality Problem</u>		
Packaging Problem		
Confusion between UTOPIA Product and another Product caused by (Name / Pack design / Leaflet / Leaflet printing error)		
Leaflet Problem		
Product's Physical or Chemical or Microbial Changes		
Suspected Stability Problem		
Suspected Contamination		
Suspected Counterfeit Product		
Other (please specify)		
2) Quality Problem description:		
3) Was the Product stored as on mentioned on the Product Pack?      (Yes      / No      )		
<b>Reporter Details (The Person who reports the Event)</b>		
1) Name		
2) Occupation / Specialty (If Physician)		
3) Telephone/Mobile		
4) e-mail		
5) Is it acceptable to contact you if we have more questions about this report?      (Yes      / No      )		
<b>Utopia Medical Representative Details</b>		
1) Name	2) Telephone	3) Scientific office

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