



CLAIM FORM

Name _____

Laboratory _____

Address _____

Tel. _____

Fax _____

e-mail _____

Description:

Date: _____

Signature: _____

Do not fill in this section

Request received on _____

By the Director

the claim is valid? YES ☐ NO ☐

action to be implemented following the claim (correction of the specific inadequacy, corrective action/s, information to be forwarded to the participant, etc.):

to be implemented before: _____

Date: _____

Signature: _____

The planned action has been implemented? YES ☐ NO ☐

The participant was informed on the action implemented on: _____ YES ☐ NO ☐

The participant declared to be satisfied with the action implemented YES ☐ NO ☐

Date: _____

Signature: _____