

NIDPF PRODUCT DEFECT FORM

Product: _____

DIN: _____ Lot #: _____

Manufacturer: _____

Details: _____

Was Manufacturer Notified? Yes _____ No _____

Was the Health Protection Branch of Health Canada Notified? Yes _____ No _____

Sample Enclosed: Yes _____ No _____

Reported By:

Name: _____

Address: _____

Phone number: _____

Date: _____