

CAPA / REP-No.:

(This number is registered by the NOUVAG)

The following information on the incident is required in order to comply with a statutory reporting obligation:

Please fill in the bank spaces completely and send the report to:

NOUVAG AG E- Mail: [complaint@nouvag.com](mailto:complaint@nouvag.com)

Name:

Date:

Sign:

**Details of the product**

Product Name

Item number on Product/ Packaging

Manufacturer

LOT/ Serial Nummer

UDI

Number of units

**Details of the creator of the complaint**

Client-No.

Name/Company

Contact person

Street/Number

Zip Code/Residence

Phone number

E-Mail

**Details of the complaint (incident)**

Defect detection

☐ Before shipping☐ After shipping☐ Before application☐ During application☐ After application☐ Not knownDid the event affect patients,  
users, or third parties?☐ Yes, fill in under "description of the event"☐ No☐ Not knownDescription of the event  
(e.g. attach images as an attachment)Is the product available  
for defect analysis?☐ Yes☐ No☐ Not known

If "No", Reason:

Has an authority been notified?

☐ Yes☐ No☐ Not knownIf "Yes", enclose a copy of the report to the  
authority (attachments)Attachments:  
(e.g., copy of the report to the  
authority, pictures, etc.)