Product Experience Report Form

US1QT420-05-01 Rev 1.0

Instructions

1. Fill-in the appropriate fields in each section
2. Click **Submit Form** to send to ResMed (RMA-USA@resmed.com)
3. Click **Reset Form** to clear all form entries

Submit Form Reset Form

Reporter Information			
Originator:		Department:	
Reporter: ☐ HME/DME ☐ Patient ☐ ResMed Employee ☐ Other (describe):			
Reference: (RMA / SR / Other (describe)		Report Date:	
Date of Awareness: (Date ResMed was notified)		Date of Occurrence: (Actual date of the event)	

Contact Information			
Contact Name:		Phone:	
Company / Person:		Email:	
Address:		Account No.:	

Product Information			
Product Code		Lot No. or Serial No.	
Product Description			
Product Type	☐ Flow Gen ☐ Mask ☐ Ventilator ☐ Other (describe):		

Reported Issue	
Issue Description	
When did the fault Occur?	☐ Out of Box: ☐ With HME/DME ☐ With Patient
	☐ In Use: ☐ With HME/DME ☐ With Patient
	☐ Other (describe):
Patient Involvement?	☐ Yes
	☐ Injury (details): _____
	☐ Death (details): _____
	☐ Other (describe):
	☐ No

Resolution	
Replacement Sent	☐ Yes ☐ No
Charged	☐ Yes ☐ No
Other (describe):	