



<b>FORM TITLE:</b> Incident Intake Form		<b>RELEASE DATE:</b> 07/05/2017
<b>AUTHOR:</b> Becky Clasper		<b>EFFECTIVE DATE:</b> 07/10/2017
<b>PROCEDURE LEVEL:</b> 2	<b>FORM NUMBER:</b> F1 QA-063	<b>REVISION:</b> C

### INCIDENT INTAKE FORM

#### SECTION 1 – To Be Completed by Employee that Received the Complaint

Contact Information			
Received By:		Date Received:	
Reported By:		Incident Date:	
Surgeon Name:		Contact Name:	
Contact Email:		Contact Phone:	
Product Information			
Tissue ID:			
	<input type="checkbox"/> N/A		
	<input type="checkbox"/> N/A		
Was the Tissue Used:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Will the Tissue be Returned:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Incident Summary			
Incident Narrative:			
Are photos/images available?	<input type="checkbox"/> No <input type="checkbox"/> Yes, photos/images attached		
Were donor tissue cultures performed?	<input type="checkbox"/> Yes: <input type="checkbox"/> results attached <input type="checkbox"/> results not available at this time <input type="checkbox"/> No <input type="checkbox"/> N/A		
Were recipient cultures performed?	<input type="checkbox"/> Yes: <input type="checkbox"/> results attached <input type="checkbox"/> results not available at this time <input type="checkbox"/> No <input type="checkbox"/> N/A		
Submitted By (name):		Date:	

#### SECTION 2 – To Be Completed by Quality, Regulatory, and Compliance

Complaint Initiation			
Complaint Number:		Initiation Date:	
Initiated By:		Date:	