



PRODUCT COMPLAINT REPORTING FORM

Name of INTAS Drug Product*: _____

Description of the Product Complaint*:

INTAS Drug Details*:

Drug Name, Strength, Pharmaceutical Form	Brand Name	Lot No. / Batch No.:	Expiry Date

Reporter Details:

Full Name*: _____ Address: _____

Country*: _____ E-mail Address /Tel. No.*: _____

(* Mandatory fields)

Fill-up the print copy of the form as completely as possible and send by post to the following address:

PV Cell, Medical Services Dept., INTAS Pharmaceuticals Limited, Corporate House, Opposite Sola Bridge, Off S. G.

Highway, Thaltej, Ahmedabad – 380 054. Gujarat. India.