

COMPLAINT SURVEY FORM

Please submit any suspected or alleged complaints using this form within 24 hours of becoming aware of it, per SOP 100-0037. Fill out this form and send to Axonics at customersupport@axonics.com. Partial information is acceptable to initiate the inquiry and RMA process as-soon-as-possible.

Device should always be returned to enable root cause analysis.

1	Date of issue/complaint	
2	Description of issue/complaint	
3	Was any medical attention required as a result of the issue/complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Action taken or product replaced	
5	If product replaced, location of old product	
6	Lot/Serial Number(s) of product(s) involved	
7	Lot/Serial Number(s) of replacement product(s)	
8	PCM ID	
9	Physician Name	
10	Institution Name and Address	
	Contact Name	
	Phone	
	Email	
11	What address do we ship replacements to, including any ATTN or c/o?	
12	Email pictures, videos, and/or data logs separately as needed. Summarize these items:	
13	Times of event (start, stop, estimated time of failure mode, etc.)	
Bulkamid additional questions		
14	Total volume injected	_____ ml
15	Prophylactic antibiotics prior to procedure, if not please comment	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Hospitalization Required	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please send the completed form to: Quality@axonics.com; Customersupport@axonics.com

Click Here to Submit