



**Customer Information (Customer fills-in)**

Customer Name	
Customer Address	
Customer Org. Number	
Phone Number	
Email Address	

**Complaint Information (LifeAssays)**

Complaint Taken by	
Complaint Date	
Invoice Number	
Product Number	
Product Description	

Please state Name, Product Number and Lot Number of involved LifeAssays® Products:

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Please state your complaint. Describe the events in the order in which they occurred and give a full description of the problem. Be as brief and complete as possible.

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Please send by:      Fax      +46-46-286-5419  
   Email      info@lifeassays.com