Template Provided By:

Cancer Imaging Program

National Cancer Institute

Drug Product Complaint Investigation Form

(Refer to GEN-R005)

Drug Product Complaint Number: __DPC-_____ **Date Received:** _____

Manufacturing Batch Number: _____ **Dose/Strength:** _____

Complainant's Name: _____ **Product Name:** _____

Nature of the Complaint: _____

_____

_____

Investigation Necessary? **Y** **N** **N/A**

Circle the appropriate choice

If no, or not applicable, explain why: _____

_____

Date Investigation Initiated: _____ **Date Investigation Complete:** _____

Copy of IOS-001 Form Attached? Y N **Date Response Sent to Complainant:** _____

Summary of Investigation: _____

_____

_____

_____

Response to Complainant: _____

_____

_____

Operator: _____ **Date:** _____

Signature

QA Review: _____ **Date:** _____

Signature

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