



# NIAIC ADVERSE INCIDENT REPORT FORM

<b>Details of the report:</b> Reporting Body: Address :  Post Code : <b>Reporter :</b> Position : <b>Tel No :</b> <b>Email :</b> Date : Trust / Datix Ref:	<b>Location of the incident:</b>  As Reporter : <input type="checkbox"/>  Facility/Building: Ward/Dept :  Local Contact for Further Details: Position : <b>Email :</b> <b>Tel No :</b>
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<b>Details of device:</b>			
<b>Manufacturer</b>		Catalogue No	
<b>Type of Product</b>		Serial No	
Model			
Supplier			
<b>Batch / Lot No</b>		Date of mfr	
Quantity Defective		Expiry date	
<b>CURRENT LOCATION OF DEVICE</b>			
Has the manufacturer already collected the device? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes please supply their contact details:			

<b>Incident details MUST NOT contain any patient identifiable data</b>  Fatality <input type="checkbox"/> Serious <input type="checkbox"/> Revision <input type="checkbox"/>	<b>Severity of Injury:</b>  Distress / Minor <input type="checkbox"/> None <input type="checkbox"/>
<b>Injury details:</b>	

<b>Date of Incident:</b> <b>Details of defect / incident:</b>
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<b>Action taken by staff :</b>
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The above data shall be handled in accordance with our [Privacy Notice](#)