



Falsified Medical Device Report

This form is to be filled in case of countering a falsified medical device in Bahrain market.

Reporter Details			
Reporter Type	<input type="checkbox"/> Healthcare Facility	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Authorized representative
Date of reporting	/ /	Entity Name	
Reporter Name			
Position / Title			
Email			
Contact Number			
Falsified Device Details			
Falsified Device Name			
Falsified Device Model		Serial No / Batch No	
Falsified Manufacturer		Country of Origin	
Falsified Device Supplier			
Contact Details (if any)			
Falsified Device label	<i><u>Attached</u></i>		



Original Device Details			
Original Device Name			
Original Device Model		Serial No / Batch No	
Original Manufacturer		Country of Origin	
Original Device local Authorized representative			
Contact Details (if any)			
Original Device label	<u>Attached</u>		

I hereby declare that all the above information is correct and accurate, and all the required documents will be submitted upon NHRA request

Authorized Person -----

Signature -----

Your cooperation is highly appreciated in improving health services in the Kingdom of Bahrain.