**Tilkynning eiganda/notanda um atvik**

**vegna lækningatækis**

**Notification for owner/user**

**of incident**

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| Framleiðandi lækningatækis:  (Manufacturer) | | Kennitala:  (ID number) | Heimilisfang:  (Address) | | | | | | Póstnúmer:  (Postnumber) | |
|  | |  |  | | | | | |  | |
| Seljandilækningatækis:  (Seller of device) | | Kennitala:  (ID number) | Heimilisfang:  (Address) | | | | | | Póstnúmer:  (Postnumber) | |
| Heiti lækningatækis:  (Name of device) | | | Tegund:  (Model) | | | | | Lota:  (Batch) | | |
|  | | |  | | | | |  | | |
| Hefur atvik verið tilkynnt framleiðanda?  (Has Manufacturer been notified?) | | | Dagsetning tilkynningar  (Date of notification) | | | | | | | |
|  | | | | | | | | | | |
| Lýsing atviks:  (Description of incident) | | | | | | | Dagssetning atviks:  (Date of incedent) | | | |
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| Staður atviks: (Place of incident)  (Sjúkrastofnun/heimili/annað) (Institution/home/another) | | | Heimilisfang:  (Address) | | | | | | Póstnúmer:  (Postnumber) | |
|  | | |  | | | | | |  | |
| Tengiliður:  (Contact person) | | | Netfang:  (e-mail address) | | | | | | Sími:  (Telephone number) | |
|  | | |  | | | | | |  | |
| Hefur tækið verið sent í athugun:  (Has the device been sent for inspection) | | | | Núverandi staðsetning tækis:  (Placement of device now) | | | | | | |
|  | | | | | | | | | | |
|  |  | | | |  |  | | | |  |
|  | Undirskrift tilkynnanda  (Signature) | | | |  | Dagsetning  (Date) | | | |  |