

Additional Information

Please provide any additional information below (Relevant Test/Laboratory Data)

Other Relevant History (including preexisting medical condition)

Product Information

Is product available for evaluation? Yes No

Do you have a picture of the product? Yes No

Suspect Product Name _____

Lot. #

Size

PAO

Start of use

Evidence at first use

End of use

Evidence at last use

Dose reduce on

Event abated after use stopped or dose reduced? Yes No

Event reappeared after reintroduction? Yes No

ADVICE ABOUT VOLUNTARY REPORTING

REPORTING ADVERSE EVENTS:

An event has become serious if the outcome for clients is

- death
- life-threatening
- hospitalization (initial or prolonged)
- disability or permanent impairment
- required intervention to prevent permanent harm or impairment
- other serious (major) medical events

Report even if

- you are not certain that the product caused the event
- you do not have all the details
- fill in only the sections that relate to your report.

HOW TO SUBMIT REPORT:

Send it to cosmeticreport@saponeriefissi.com. This information will be kept for six years on file.