

1 Claimant's personal data		
Name:		
Address:	Postal Code:	
City:	Country:	
Phone number:	e-mail address:	
Contact person (if it is different from the claimant):		
2 Type of in vitro diagnostic medical device		
<input type="checkbox"/> Test Strips	<input type="checkbox"/> Control Solution	<input type="checkbox"/> Reading Device
<input type="checkbox"/> Punction Device	<input type="checkbox"/> Lancets	
3 In vitro diagnostic medical device identification number (Batch number, reference number and serial number)*		
* Note: Provide the most complete possible identification of the product packaging.		
4 Problem encountered		
Date of occurrence:		
Description:		
5 Attached documents		
List of documents attached, if considered necessary.		
Signed by:	Date:	
Internal reference number (To be completed by Healthsens, S.L.):		

We inform you that HEALTHSENS, S.L., processes your data to resolve your suggestion or claim. We inform you that the legitimate basis for the processing is your consent, by signing this form. HEALTHSENS, S.L. will maintain confidentiality regarding the processing of your data and will not assign it to third parties, unless such assignment was necessary to resolve this request or unless it occurred in compliance with its legal obligations. You has the rights of access, rectification, deletion, opposition, limitation to treatment and portability that you can exercise by sending an email to info@health-sens.com . You can go to the Spanish Data Protection Agency if you deem it appropriate. For more information about the treatment of your data you can access our privacy policy on our website (<https://health-sens.com/>).