

Customer Feedback Form

How To Complete Form

A. General Notes/Requirements

- Fields surrounded by a red rectangle are mandatory. Fields surrounded by a blue rectangle are optional.
- Complete pdf form of the “Customer Feedback Form on your computer or smart device.
- Adobe Acrobat Reader is needed to complete the pdf form
- To complete the form using your computer
 - Get a copy of Customer Feedback Form, pdf format, from the following site:
<https://cfwebportal.healthcare.philips.com/>
 - Follow the instructions listed on section “**B. How to Fill the Form**” below. Then follow the instructions listed on section **C. How to send completed form**
- Instructions for smart devices:
 - On your smart device, download the Adobe Acrobat Reader from:
 - For Android Device – Google Play
 - For iPhone – Apple Store
 - Download a blank copy of the pdf form to your smart device
 - Open the downloaded pdf form,

Figure 1 – Picture showing downloaded pdf form on iPhone

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Done Customer-Feedback-Form.pdf

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Customer Feedback Form Page 1 of 2

Submitter Information		
Submitter Name	E-Mail	

Reporter Information		
Reporter Surname	Reporter First Name	Reporter Last Name
Reporter Phone		
Reporter E-Mail		
Customer ID (if Applicable)		
Institution Name		
Address 1		
Address 2		
City		
State / Province		
Country		

Product Information		
Modality (Product Family)		
Service Record # (if Applicable)		
Equipment ID (if Applicable)		
Product Number	Product Serial Number	Product UDI
Product Description		

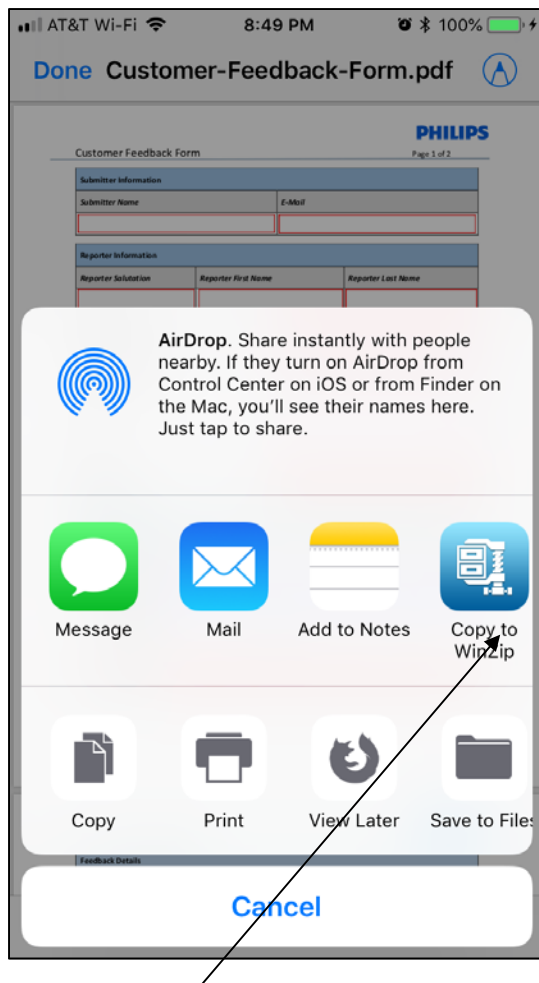
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Feedback Details	
Feedback Type	

Click on this icon

Figure 2



Scroll to the right

Figure 3



Click on this icon, "Copy to Adobe Acrobat"

Figure 4

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Customer Feedback Form Page 1 of 2

Submitter Information	
Submitter Name	E-Mail
<input type="text"/>	<input type="text"/>

Reporter Information		
Reporter Salutation	Reporter First Name	Reporter Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reporter Phone	<input type="text"/>	
Reporter E-Mail	<input type="text"/>	
Customer ID (If Applicable)	<input type="text"/>	
Institution Name	<input type="text"/>	
Address 1	<input type="text"/>	
Address 2	<input type="text"/>	
City	<input type="text"/>	
State / Province	<input type="text"/>	
Country	<input type="text"/>	

Product Information		
Modality (Product Family)	<input type="text"/>	
Service Record # (If Applicable)	<input type="text"/>	
Equipment ID (If Applicable)	<input type="text"/>	
Product Number	Product Serial Number	Product UDI
<input type="text"/>	<input type="text"/>	<input type="text"/>
Product Description	<input type="text"/>	

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Feedback Details

Navigation icons: Zoom, Comment, Search, Share, Menu

Click on each field to enter the feedback information.

B. How to fill each field

1) Submitter Information Section

Submitter Information	
<i>Submitter Name</i>	<i>E-Mail</i>
<input type="text"/>	<input type="text"/>

Submitter Name	Enter your full name as submitter
Submitter E-Mail	Enter your E-Mail address

2) Reporter Information Section

Note: the reporter is the person who provides the feedback; this could be a customer, consumer, user, etc.

Reporter Information		
<i>Reporter Salutation</i>	<i>Reporter First Name</i>	<i>Reporter Last Name</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Reporter Phone</i>	<input type="text"/>	
<i>Reporter E-Mail</i>	<input type="text"/>	
<i>Customer ID (If Applicable)</i>	<input type="text"/>	
<i>Institution Name</i>	<input type="text"/>	
<i>Address 1</i>	<input type="text"/>	
<i>Address 2</i>	<input type="text"/>	
<i>City</i>	<input type="text"/>	
<i>State / Province</i>	<input type="text"/>	
<i>Country</i>	<input type="text"/>	

Reporter Salutation	Enter reporter's salutation, for example: Mr., Mrs, Dr., etc.
Reporter First Name	Enter reporter's first name
Reporter Last Name	Enter reporter's last name

Reporter Phone	Enter reporter's phone number. If the reporter did not provide the phone number, enter "Unknown".
Reporter E-Mail	Enter reporter's E-Mail address. If the reporter did not provide the E-Mail address, enter "Unknown".
Customer ID (If Applicable)	Enter the Customer ID, if applicable. If the Customer ID is not applicable, or not available, enter "Unknown".
Institution Name	Enter the Institution Name, if applicable. If the Institution Name is not applicable, or not available, enter "Unknown".
Address 1	Enter first line of reporter's address.
Address 2	If applicable, enter second line of reporter's address.
City	Enter the city for the reporter address.
State / Province	Enter the state or province for the reporter address.
Country	Enter the country for the reporter address.

3) Product Information Section

Note: Enter all available information. This is required to identify the affected product and to identify the corresponding BG/BU.

Product Information		
Modality (Product Family)		
Service Record # (If Applicable)		
Equipment ID (If Applicable)		
Product Number	Product Serial Number	Product UDI
Product Description		

Modality (Product Family)	Enter the Modality (Product Family) of the product. If the Modality (Product Family) is not available, enter "Unknown".
Service Record # (If Applicable)	If the feedback is related to a service record, enter the service record number.

Equipment ID(If Applicable)	If the Equipment ID is available, enter the Equipment ID. Otherwise, enter "Unknown".
Product Number	Enter the Product Number
Product Serial Number	Enter the serial number of the product
Product UDI	Enter the Unique Device Identifier (UDI) for the product.
Product Description	Enter the product description.

4) Feedback Details Section

Note: Enter all available details. This information is vital to properly investigate the issue.

Feedback Details				
Feedback Type				
Customer Dissatisfaction	Enhancement Request	Technical Issue	Compliment	Other
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feedback Source	Event/Occurrence Date	Philips Aware Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Customer Problem Description	<input type="text"/>			
Additional Feedback Notes	<input type="text"/>			
Customer Response Required?	<input type="radio"/>	Yes	<input type="radio"/>	No
Potential Patient/User Impact (Single selection)				
Patient/User Harm Potential Safety Event (PSE) <input type="radio"/>	No Patient/User Harm, Potential Safety Alert (PSA) <input type="radio"/>	No Patient/User Impact <input type="radio"/>		
Other Details (Mark all applicable selections)				
Privacy Issue	Security Issue	Legal Issue	Sustainability Issue	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Feedback Type	Select the type of feedback. Available options are: Customer Dissatisfaction, Enhancement Request, Technical Issue, Compliment, Other
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Feedback Source	Enter the source of the feedback. For example: Phone call, E-Mail, oral conversation, newspaper article, etc.
Event/Occurrence Date	Enter the date of the event occurrence. If the date is not available, enter today's date. Add a clarifying note on the "Additional Feedback Notes" field.
Philips Aware Date	Enter the date Philips became aware of the feedback.
Customer Problem Description	Enter all details provided by the reporter.
Additional Feedback Notes	If applicable, enter any additional information, clarification notes, etc.
Customer Response Required?	Indicate if the reporter requested a formal communication or response from Philips.
Potential Patient/User Impact (Single selection)	<p>Select the "Potential Patient/User Impact". Available options are:</p> <ul style="list-style-type: none"> • PSE – If the reporter indicated that the patient/user suffered any type of harm or injury • PSA – If the reporter indicate that the patient/user did not suffer any type of harm or injury, but there is a potential that someone could suffer any type of harm or injury. • No Patient/User Impact – If the reporter indicate that the patient/user did not suffer any type of harm or injury, and there is no indication that someone could suffer any type of harm or injury.
Other Details (Mark all applicable selections)	<p>This is a multiple selection field. Options are:</p> <ul style="list-style-type: none"> • Privacy • Security • Legal • Sustainability • Other

5) Additional Sections

Reason for Delay	(If the feedback was not submitted within the established timeframe: 2 business days for safety cases, Privacy, Security, or 5 business days for non-safety cases, a reason for the delay must be documented.)		
	<input type="text"/>		
Are There Attachments included with feedback?	<input type="radio"/> Yes	<input type="text" value="Quantity"/>	<input type="radio"/> No

Reason for Delay	If the feedback was not submitted within the established timeframe: 2 business days for safety
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	cases, Privacy, Security, or 5 business days for non-safety cases, a reason for the delay must be documented.
<i>Are There Attachments included with feedback? Quantity</i>	Indicate if there are any attachments related to the feedback. If there any attachments, please indicate the quantity of attachments.

C. How to send completed form

Once the form is completed, E-Mail the form the Key Market Reviewer (KMR) as per the procedure instructions.

1. From laptop/computer

- Once the Customer Feedback Form is completed, attach the completed form in an E-Mail to the KMR supporting the country. Include the country in the subject line.

2. From iPhone

- Once the Customer Feedback Form is completed, on the lower bar of the Adobe Acrobat application, press the following icon



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Customer Feedback Form Page 1 of 2

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Reporter Information		
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Reporter E-Mail		
Customer ID (If Applicable)		
Institution Name		
Address 1		
Address 2		
City		
State / Province		
Country		

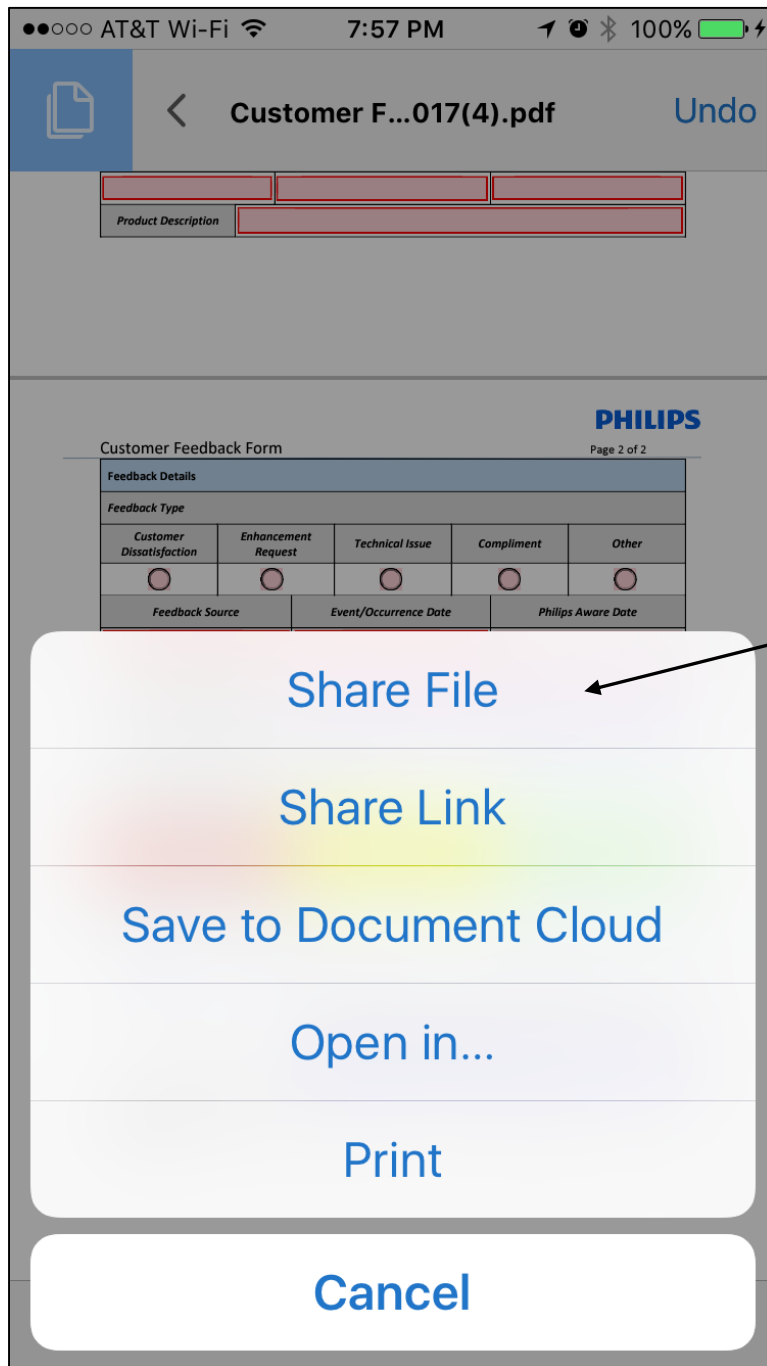
Product Information		
Modality (Product Family)		
Service Record # (If Applicable)		
Equipment ID (If Applicable)		
Product Number	Product Serial Number	Product UDI
Product Description		

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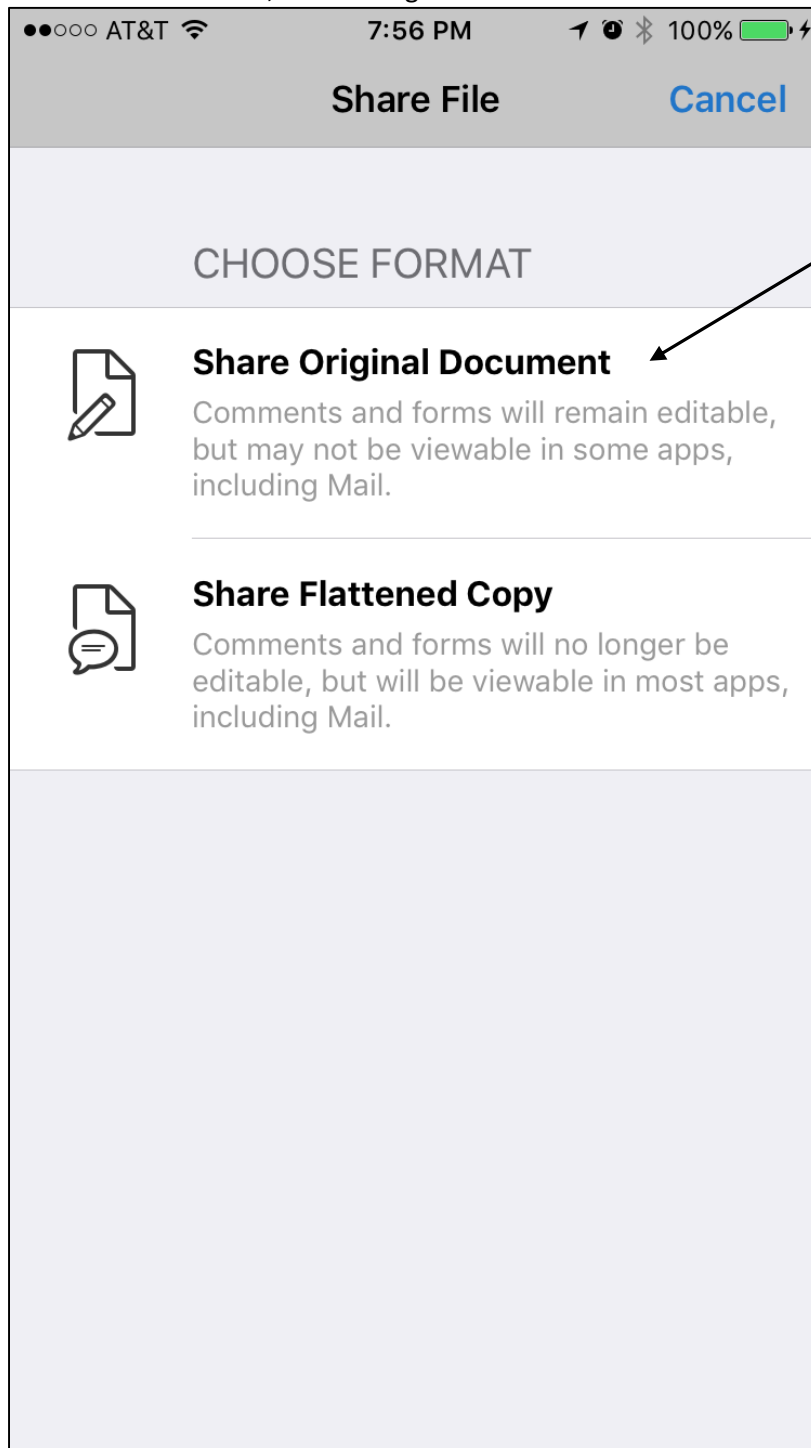
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Feedback Details

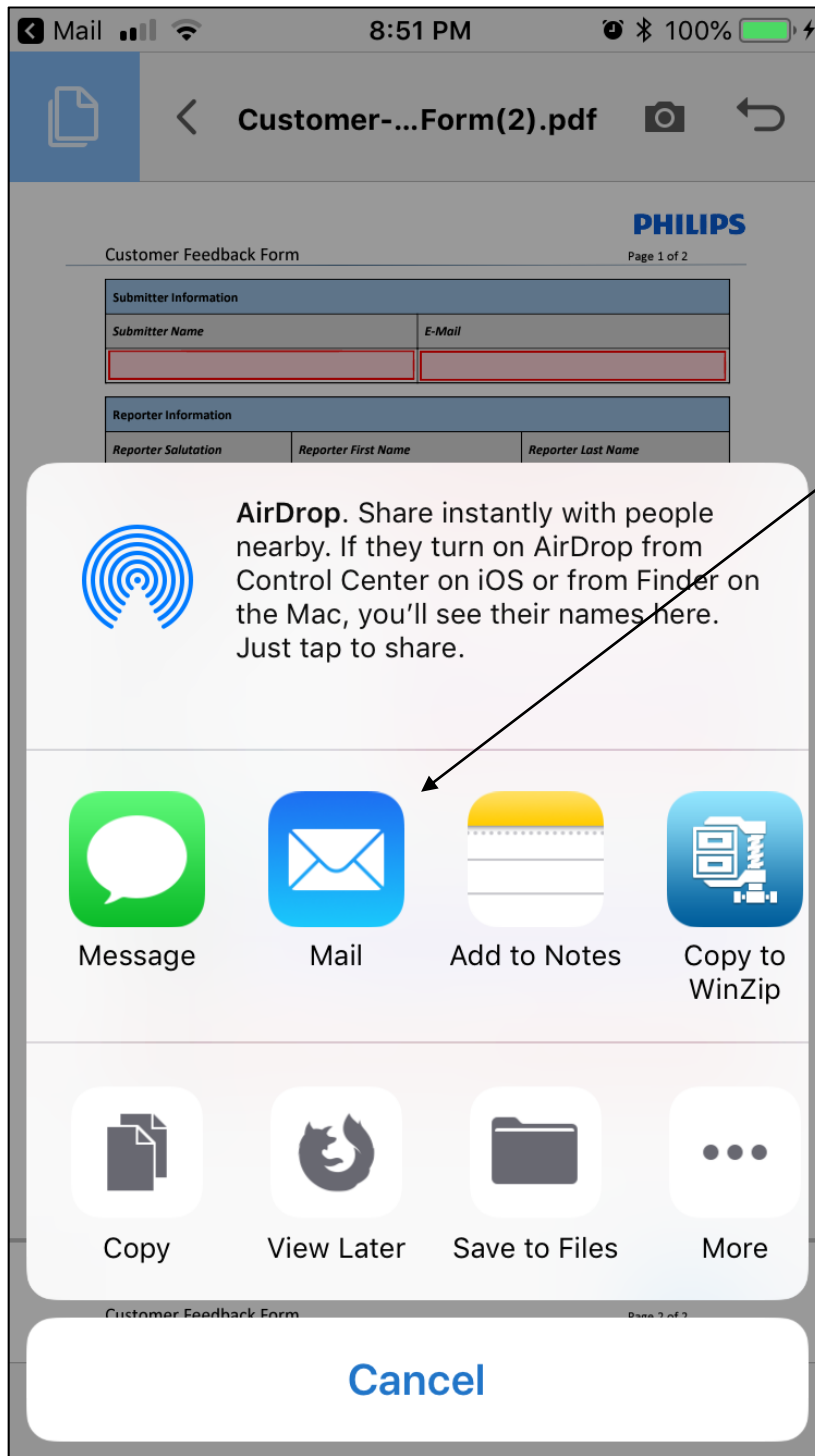
3. Then Select "Share File"



4. Chose Format; "Share Original Document".



- Select Mail icon



- The E-Mail application will be displayed. Enter the E-Mail address for the KMR supporting the specific country. Enter the country as part of the message's subject. Example; Country: *France*. E-Mail address for the KMR: Post-Mkt_France@philips.com. Then, press "Send".

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Cancel

Emailing Customer Feedb...

Send

To: Post_Mkt_France@philips.com

Cc/Bcc, From:

Subject: Emailing Customer Feedback
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France

This is a customer feedback form
submitted for processing.

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Thanks

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