APPENDIX A. SAMPLE M/DPQDR

DMMonline
Directorate of Medical Materiel

The Warfighter's Medical Logistics Portal

Pharm | Med/Surg | Equipment | Readiness | Order Products | Customer Service | Site Log In

Medical/Dental Product Quality Deficiency Report

Complete the following data fields that are applicable to your Medical/Dental Product Quality Deficiency Report (M/DPQDR).
The M/DPQDR replaces the Standard Form 380 (SF380).
The submitter must provide an accurate email address and will automatically receive a copy of data submitted.
When finished, click on the Submit button at the bottom.
For further instructions about how this form should be completed, please click here.

Date deficiency found or event occurred

Assigned Document Number

Complaint Information

Category:

- I Product or event that could cause serious injury or death
- II All others

Cause of Complaint - Explanation of unsatisfactory condition, deficiency, or description of reaction

Approximate amount of time in use before failure(days)

Total patients involved

Total reactions

Patients without reaction

Note: Complete the following items for DoD category **I** complaints only

Reactions requiring hospitalization

Length of hospital stay (days)

Severe or unusual reactions

Product Information

NSN (if known) | Part or model number* | Serial number

***For pharmaceuticals, indicate either the NDC or UPC numbers**

Item description

Lot numbers (defective) | Batch number | Defective item is | Item under warranty

Quantity on-hand | Quantity recieved | Quantity inspected | Quantity deficient | Quantity suspended

Manufacturer name | Manufacturer phone | CAGE code (if known) | Manufacturer address

Vendor/Distributor name | Vendor/Distributor phone | CAGE code | Vendor/Distributor address

What is the current location of the defective materiel (provide DoDAAC if known)

Procurement Information

Contract Number | DoD Requisition Number* | Purchase Order Number

*** 14 digit code for refund on DFAS items**

Source of procurement | If other, please specify | Gov. furnished?

Date packed | Expiration date | Date recvd/repaired

Unit cost | Estimated repair cost

Actions

Has the manufacturer or distributor been notified? ☐ Yes ☐ No ☐ N/A

If so, which company was notified? What actions were taken?

Do you seek credit or replacement? ☐ Credit ☐ Replacement ☐ N/A

MedWatch Report

Was the MedWatch Report submitted to the FDA? (see instructions) ☐ Yes ☐ No ☐ N/A

If yes, was it?

- ☐ Mandatory 3500A Form http://www.fda.gov/medwatch/safety/3500a.pdf
- ☐ Voluntary 3500 Form https://www.accessdata.fda.gov/scripts/medwatch
- ☐ No form submitted

If no, do you want DSCP to submit a Voluntary MedWatch Report for you? We will provide you a copy of what is reported. ☐ Yes ☐ No ☐ N/A

From

Activity name	DoDAAC	Activity address

	DSN phone	Comm. phone	Fax	Email
Submitter's name				
Supply Officer's name				
PoC for additional info				

Authorizing Medical Officer for Category I complaints

DSN phone

Comm. phone

Fax

Email

Any other comments or questions relating to this complaint

Submit Query

Start over