

PRODUCT CLAIM N°... DATE :

CLIENT INFORMATION

| COMPANY NAME : | |
|----------------|--|
| CONTACT NAME : | |
| COUNTRY : | |

PRODUCT INFORMATION

| PRODUCT NAME : | |
|-------------------|--|
| LOT NUMBER : | |
| EXPIRATION DATE : | |
| PURCHASED FROM : | |

ISSUE DESCRIPTION

| please select SPECIES CAT DOG HORSE | Please describe the issue: "no migration", "no control line", "weak line", "doubt on the result" |
|---|--|
| | PLEASE SEND US BY EMAIL THE PICTURE OF THE RESULT AT contact@alvedia.com |
| please select ANIMAL HEALTH STATUS HEALTHY ILL* | *Please describe the pathology : |

CLAIM PROCESS ANSWER

| DISTRIBUTOR : |
|----------------|
| MANUFACTURER : |

