

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 :

