

**Report form for a possible non-compliance incident**

Your contact details, provided you do not wish to remain anonymous:

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The name of the L&R company involved

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The nature of the incident in your opinion

Examples: theft, corruption, sexual harassment, discrimination (e.g., gender), non-compliance with medical device law)

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The date of the incident

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The name of the person(s) involved

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Briefly describe the course of events

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