# **REPORTING FEEDBACK FORM**

This is a Reporting Feedback Form provided to EUDAMED Stakeholders and CAs to report their testing following the latest release in **Playground (v3.10.0).**

All feedback must be provided in English language. Please use the form below to provide your feedback and attach any print screens to your email to illustrate it. All input received will be gathered and prioritised after the end of the playground testing period. For this release, the end of the period is **30th of Nov 2024** at the latest.

**Please provide your feedback as soon as possible, especially concerning blocking issues.**

All feedback must be sent by email to SANTE-EUDAMED-SUPPORT@ec.europa.eu.

**User information\***

**Name:**

*Provide the name and surname of the contact person for this testing*

**Email address of EU Login account:**

*Provide the email of the EU Login account used for testing*

**General information\***

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| **Name of the Actor and Country***Provide the name of the Actor and the country where it is based* |
| **Actor Identification***Provide your Actor Identification (Actor ID/SRN, Notified Body ID, CA Reference) if applicable.* |
| **Actor type***Provide the Actor type you are (EU/Non-EU Manufacturer, Competent Authority, Designating Authority, Authorised Representative, Notified Body, Importer, Sponsor, System/Procedure Pack Producer (SPPP))* |
| **Profile***Indicate your profile (Local Actor Administrator (LAA), Local User Administrator (LUA), Validator, DA Validator, Confirmer, Linker, Proposer, Verifier, MF Mandate Manager, Viewer)* |

**Specific information**

Please provide as much information as possible

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| **EUDAMED Module** | *Provide the EUDAMED Module concerned:* ***Actor, UDI/Device, Certificates & Notified Bodies, Vigilance, CI/PS, Market Surveillance*** *(if N/A, please select below)* |
| **EUDAMED General** | *Please delete the type that does not apply to your testing** Horizontal functionality
* Data exchange functionality
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| **Data exchange** | *Please delete the type that does not apply to your testing** Machine to machine
* Bulk upload / download
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| **Type of feedback** | *Please delete the type of feedback that does not apply to your testing** Problem
* Improvement
* Question
 |
| **Description** | *Provide a description of the type of feedback* |
| **Steps to reproduce** | *Provide the steps you followed when you encountered the problem (if applicable)* |
| **Date of testing** | *Provide the date when you performed the testing* |
| **Browser and version**  | *Provide the browser you use with the version number* |
| **Operating system and version** | *Provide the operating system you use with the version number* |

Note: For any question related to the Medical Devices Regulations interpretation, please refer to the guidance available at the [Medical Devices web site](https://ec.europa.eu/health/medical-devices-sector/new-regulations/guidance-mdcg-endorsed-documents-and-other-guidance_en) or send a message to the Medical Devices team Email:
sante-med-dev@ec.europa.eu