

Instructions

1. This return should be ***photocopied*** and made available at all family planning clinics (field and/or Institution).
2. ***A single form should be completed for each client*** who has had a complication or failure (Part A).
3. The completed forms from each FP clinic (field and/or Institution) should be sent to the MOH office ***quarterly*** along with the RH- MIS 527 (MCH clinic return).
4. The MOH should send all completed forms to the Family Health Bureau ***quarterly*** along with the RH- MIS 509 (MCH return).
5. A **quality failure** of a contraceptive product should be reported in **Part B** and sent to Director/MCH, Family Health Bureau, 231 De Saram Place, Colombo 10, ***immediately***.