

Cue X6R5005 Product Performance Report

Important: If reaction or injury has occurred call Fresenius Kabi Post-Market Quality Assurance at 1-800-933-6925.

Incident Date: _____ Instrument S/N.: _____ Software Version: _____ UDI No.: _____
Lot No.: _____

When Was the Problem Detected?

Before Use During Use After Use

Problem Type (Mark all applicable)

Packaging: Packaging Open Mispacked Discolored Missing or Illegible Label Missing or Separated Component

Tubing: Flattened Kinked Hole Cut/Sliced Blocked/Occluded Discolored Incorrect Length
 Separated (e.g. from Luer/Pouch)

Female Luer: Cracked Leaking Discolored Blocked/Occluded Poor Fit Disconnected

Male Luer: Cracked Leaking Discolored Blocked/Occluded Poor Fit Disconnected

Pouch: Flattened Kinked Hole Cut/Sliced Blocked/Occluded Discolored

Air Filter: Cracked Leaking Discolored Blocked/Occluded

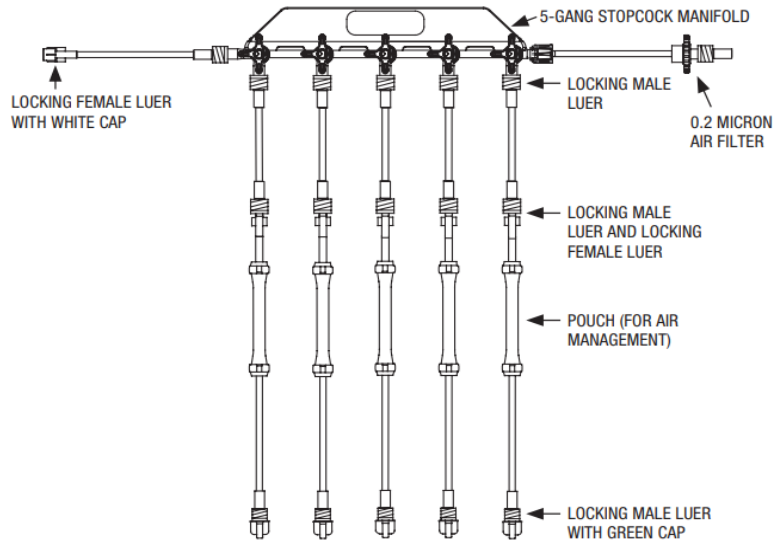
Stopcock: Cracked Leaking Discolored Blocked/Occluded Valve Issue (explain below)

Other: _____ Associated Alert Name/Code (if applicable): _____

Additional Problem Description / Explanation

Please circle specific components on the diagram where incident occurred

Cue X6R5005 Manifold Set – 5-lead



Picture available for evaluation? Yes No

If a picture is available, please e-mail a clear picture along with this report to mdpmqa.usa@fresenius-kabi.com

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Please answer the following questions:

- 1. Was there any adverse event or injury? Yes No
- 2. Was the procedure successfully completed? Yes No N/A
- 3. If no, was the procedure stopped due to a soft goods incident? Yes No N/A
- 4. Was product lost? Yes No N/A

Check box if you do **NOT** wish to receive response letters.

_____ E-mail address for letter recipient (if applicable)

Kit Return to Fresenius Kabi

- 1. Sample available for evaluation? Yes No
- 2. Return label needed? Yes No
- 3. Sample return box needed? Yes No

Center Authorized Signature/Date:

Fax this report to 1-888-858-2983 or E-mail this report to mdpmqa.usa@fresenius-kabi.com and include a copy of this form when returning a kit.

Customer Information (please print)

The following information is required to receive a credit

Facility Name: _____

Contact Name: _____

Account Number (if known): _____

Operator Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person's E-mail: _____