

Bone Marrow Collection Kit Product Performance Report



Important: If reaction or injury has occurred call Fresenius Kabi Product Complaint and Support at 1-800-933-6925.

Incident Date: _____

Product Code: _____ Lot No.: _____

When was the incident detected?

Before Use During Set Up When Adding ACD

During Collection During Filtration After Procedure Other (please specify) _____

Incident Type (Mark all applicable)

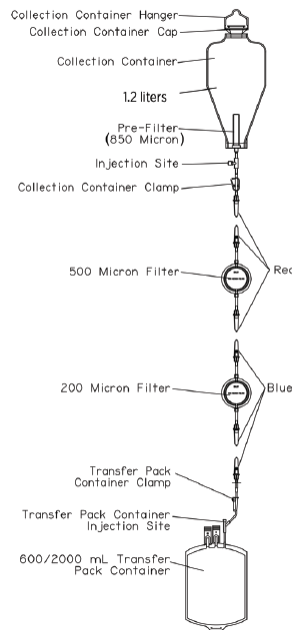
Adhered Bent Deformed/Damaged Incorrect Labeling Particulate Matter Clotting
 Kinked Missing Misassembly Leak Blocked/Restricted Separated Other (please specify) _____

Please answer the following questions:

1. Was there any adverse event or injury? Yes No
2. Was the procedure stopped before completion? Yes No N/A
3. Was the procedure successfully completed? Yes No N/A
4. Check box if you do **NOT** wish to receive response letters.

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

Please circle specific components on the diagram where issues occurred



Additional Incident Description / Explanation

Kit Return To Fresenius Kabi

1. Sample available for evaluation? Yes No
 2. Sample return box needed? Yes No Return label only
 3. Picture available for evaluation? Yes No
- Please e-mail a clear picture **along with this report** to **mdcomplaintsupport@fresenius-kabi.com**

Center Authorized Signature/Date:

Customer Information (please print)

The following information is required to receive a credit

Facility Name: _____
 Contact Person: _____
 Account Number (if known): _____
 Street Address: _____
 City/State/Zip: _____
 Phone Number: _____
 Contact Person's E-mail: _____

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

REFERENCE DOCUMENTS (S): NONE