

# CATS Disposable Set Performance Report

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

Incident Date: \_\_\_\_\_ S/N: \_\_\_\_\_  
 Product Code: \_\_\_\_\_ Lot No: \_\_\_\_\_ Customer Reference No.: \_\_\_\_\_

**When Was the Problem Detected?**

- Before Use     Set Up     Prime     During Procedure     After Procedure  
 Clinical Use     Other (specify) \_\_\_\_\_

**Problem Type** (Mark all applicable)     Hole     Blood Leak     Detached/Separated     Illegible Label     Solution Leak  
 Alarm (Specify) \_\_\_\_\_     Kinked     Cut/Slice     Missing (not in box)     Other (Specify) \_\_\_\_\_

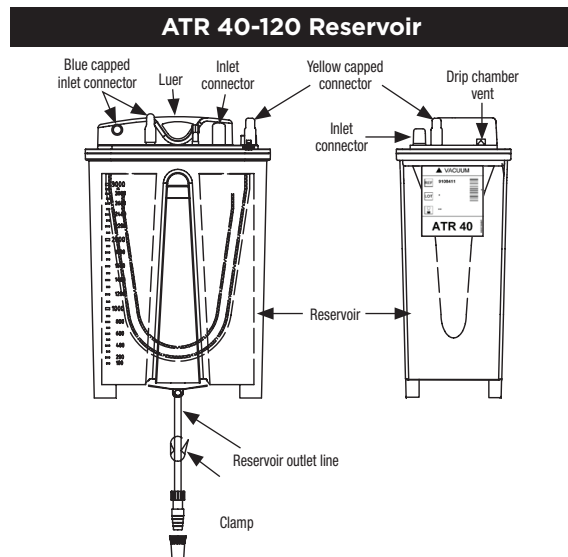
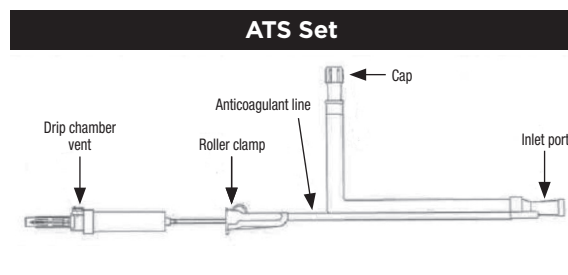
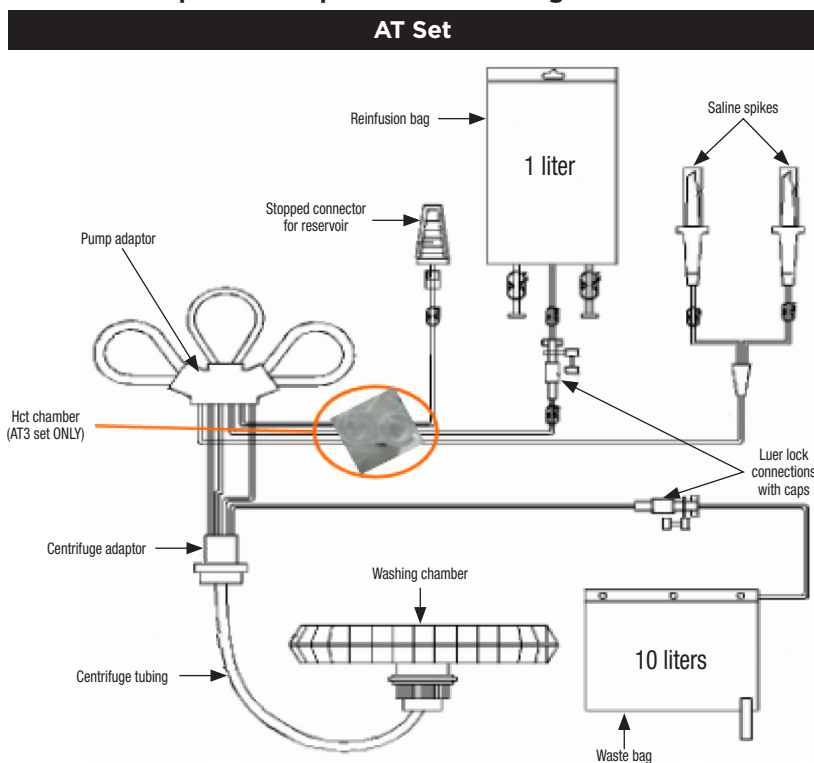
**Please answer following questions:**

1. Was there any adverse event or injury? Yes  No
2. Did the alleged deficiency result in delay in the beginning or continuing the medical procedure? Yes  No  N/A
3. Was the surgery successfully completed? Yes  No  N/A
4. Was there blood loss as a result of the reported issue? Yes  No  N/A

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 incident occurred**



**Problem 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:**

**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 kit.

**Customer Information (please print)**

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