

# FreeFlex+ Transfer Adapter Set 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    Set Up    Prime    During Procedure    After Procedure

### Incident Type (Mark all applicable)

Discolored    Illegible    Deformed/Damaged    Incorrect Labeling    Foreign Matter    Connection Problems  
 Kinked    Missing    Misassembly    Leak    Blocked/Restricted    Separated    Other (please specify) \_\_\_\_\_

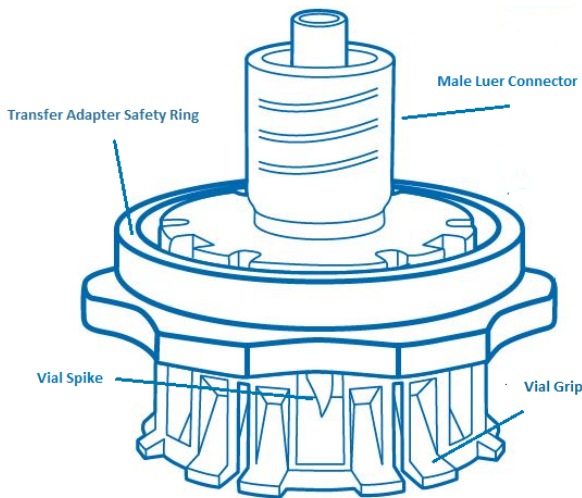
### Please answer the following questions:

1. Was there any adverse event or injury? Yes  No
2. Was the infusion stopped before completion? Yes  No  N/A
3. Was the infusion successfully completed? Yes  No  N/A
4. What drug was used for the infusion? \_\_\_\_\_ Cytotoxic? Yes  No
5. Was a pressure cuff used during administration? Yes  No
6. What company manufactured the container that was spiked? \_\_\_\_\_ 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 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](mailto: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](mailto:MDComplaintSupport@fresenius-kabi.com) and include a copy of this form when returning a set.