

PLASMACELL-C 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: _____
 Product Code: _____ Lot No.: _____
 Batch Tag Info Time: _____ : _____ : _____ Batch Tag No.: _____ Video Jet No.: _____
 Donor Bleed No.: _____ Volume of Plasma Collected: _____ mL

When Was the Problem Detected?

- Incoming Inspection Kitting Before Use Set-Up Install Check Solution Prime Blood Prime
 Collection (specify cycle) _____ During Venipuncture Reinfusion (specify cycle) _____ After Collection Freezing

- Problem Type** (Mark all applicable) Alarm/Alert/Help Code _____ Detached/Separated Noise Hole
 Kinked Blood/Plasma Leak Low/No Plasma Flow Cut/Slice Red Plasma (Visual) Illegible Label
 Dented Installation Check Solution Leak HB Detect Part. Matter Missing (not in box) Other (Specify Below)

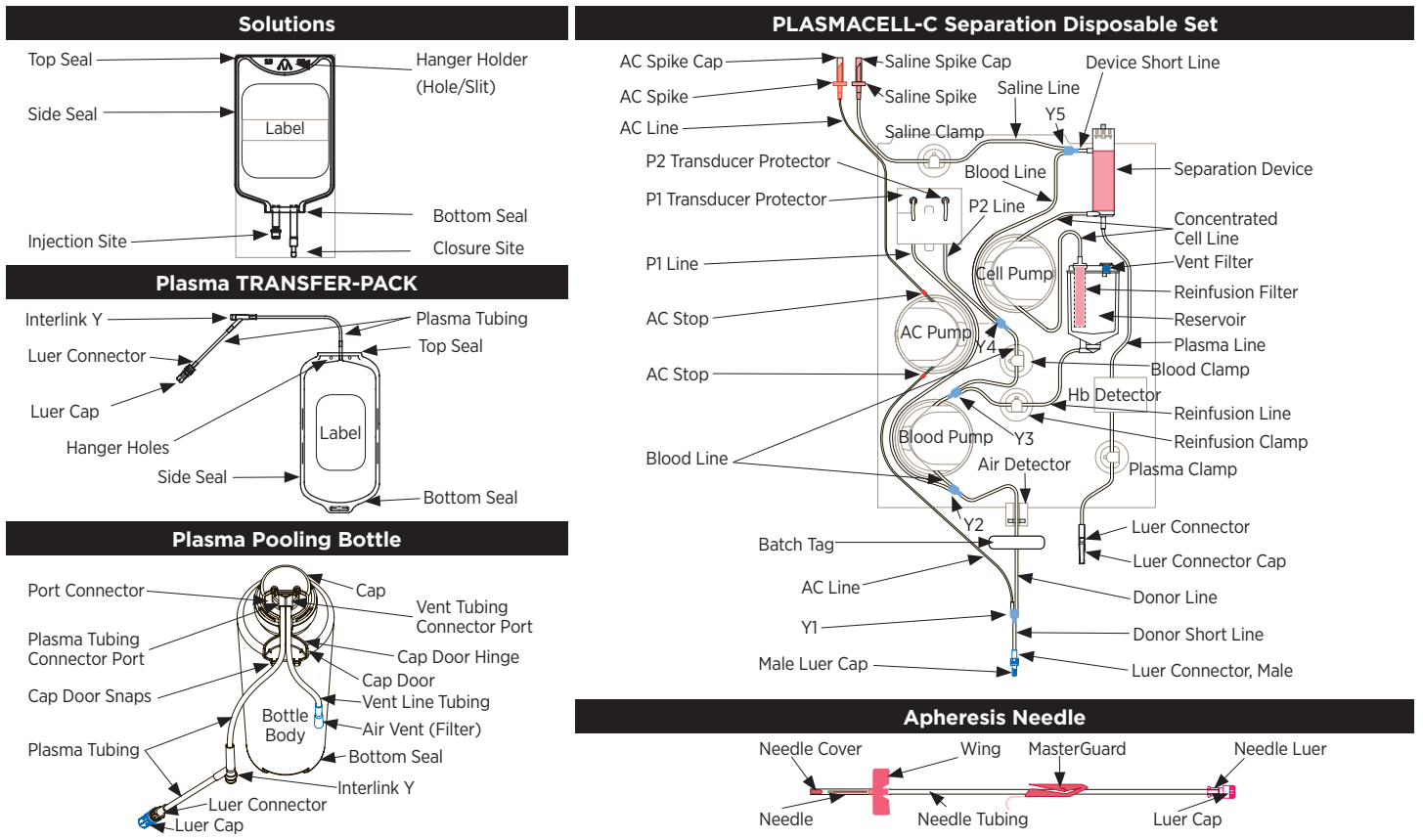
Please answer the following questions:

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) _____

Please circle specific components on the diagram where incident occurred



Additional 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.

REFERENCE DOCUMENT(S): NONE

Customer Information (please print)

The following information is required to receive a credit

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