

Solutions Product Performance Report



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

Incident Date: _____
 Product Code: _____ Lot No.: _____
 Donor Bleed No.: _____

When Was the Problem Detected? Incoming Inspection Kitting
 Before Use Set-Up Solutions Prime Blood Prime Collection
 During Venipuncture Reinfusion

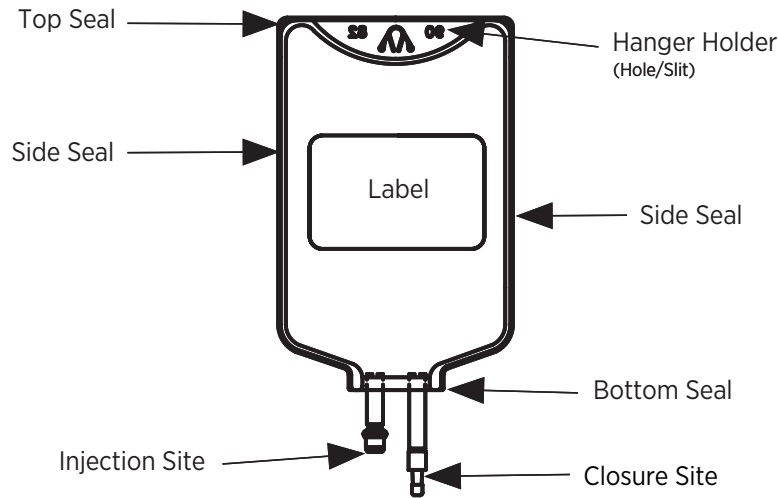
Problem Type (Mark all applicable) Detached/Separated Hole Kinked Cut/Slice Illegible Label
 Solution Leak Missing (not in box) Other (please specify) _____

Please answer the following question:
 Was there any adverse event or injury? Yes No

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

Solution Container



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.

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: _____