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: Product Code:		5/N: Lot No:	UDI No.: UDI No.: Customer Reference No.:			
When Was the Prot Before Use Clinical Use		🗆 Prime		g Procedure 🛛 At	ter Procedure	
Problem Type (<i>Mark all applicable</i>) □ Alarm (Specify)		□ Hole □ Kinked		□ Detached/Separated □ Missing (not in box)	~	

Please answer following questions:

1. Was there any adverse event or injury? Yes \Box No \Box

2. Did the alleged deficiency result in delay in the beginning or continuing the medical procedure? Yes 🗆 No 🗆 N/A 🗆

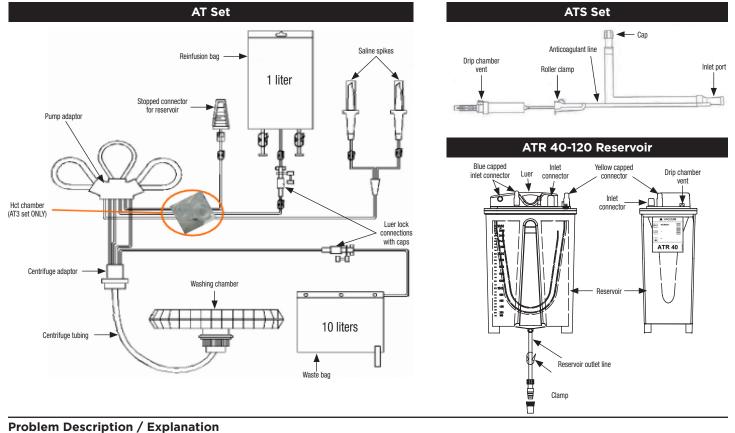
3. Was the surgery successfully completed? Yes \Box No \Box N/A \Box

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. \Box

E-mail address for letter recipient (if applicable)

Please circle specific components on the diagram where incident occurred



- Kit Return To Fresenius Kabi1. 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: