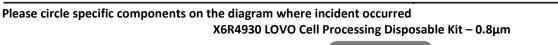
LOVO X6R4930 Product Performance Report

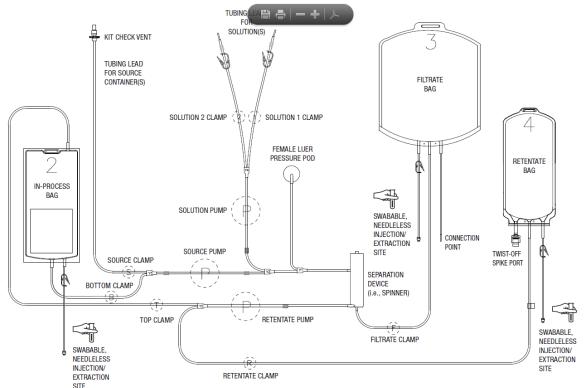


Important: If reaction or injury has occurred call Fresenius Kabi Post-Market Quality Assurance at 1-800-933-6925.

	Instrument S/N.: Video Jet No.:		: UDI No.:	
When Was the Problem	Detected? stallation	Disposable Kit Prime	□ During Procedure	□ After Procedure
Tubing:□FlattenedSeparation Device:□Pressure Pod:□CrackContainer:□Leaking	g Open ☐ Mispacked ☐ Illegible L ☐ Kinked ☐ Hole ☐ Cut/Sliced Cracked ☐ Leaking Fluid ☐ Noise ed ☐ Leaking Fluid ☐ Poor Fit on Fluid ☐ Improper Seal around Conta	Blocked/Occluded Pressure Sensor Port	□ Discolored	

onal Problem Description / Explanation





Picture available for evaluation? Yes \Box No 🗆 If a picture is available, please e-mail a clear picture along with this report to mdpmga.usa@fresenius-kabi.com

Please answer the following questions:

1. Was there any adverse event or injury? Yes \Box No 🗆 2. Was the procedure successfully completed? Yes \Box 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 □ 5. Did the procedure involve clinical or patient material? Yes \Box No \Box N/A \Box

Kit Return to Fresenius Kabi 1. Sample available for evaluation? Yes □ No □ 2. Return label needed? Yes □ No □ 3. Sample return box needed? Yes □ No □	Customer Information (please print) The following information is required to receive a credit Facility Name: Contact Name: Account Number (if known): Operator Name:	
Center Authorized Signature/Date:		
	Street Address:	
Fax this report to 1-888-858-2983 or E-mail this report to mdpmqa.usa@fresenius-kabi.com and include a copy of this form when returning a kit.	City/State/Zip: Phone Number: Contact Person's E-mail:	