INfusia Set Performance Report

FRESENIUS KABI

Important: If reaction or injury has occurred call Fresenius Kabi Product Complaint and Support at 1-800-933-6925.

Incident Date: _____ Pump S/N: _____

UDI No.: _____ Reference 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 ☐ Alarm _____

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. If you are not using a Fresenius Kabi INfusia set, please provide the manufacturer name and product code of the set used:

_____

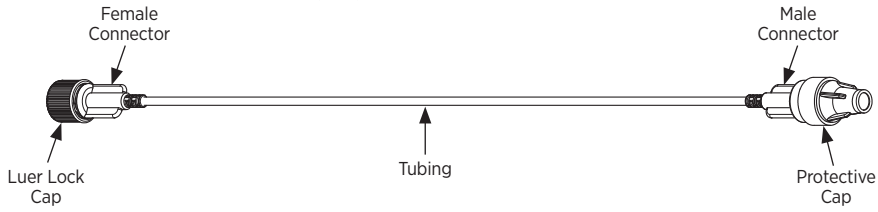
Check box if you do **NOT** wish to receive response letters. ☐

_____
E-mail address for letter recipient (if applicable)

Please circle specific components on the diagram where incident occurred

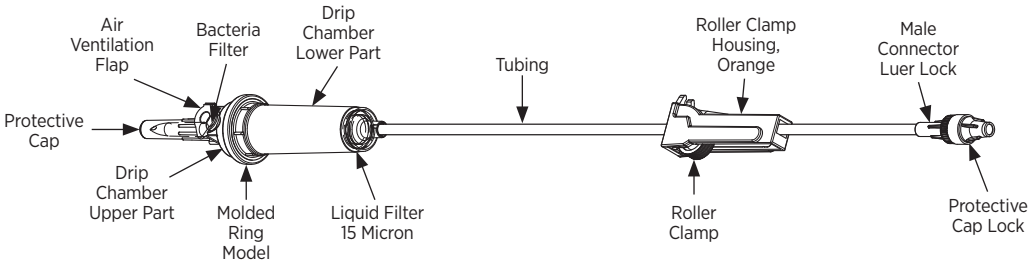
INfusia SP Vet Line

Syringe Pump Extension Set



INfusia VP Vet Line

Infudrop Straight Line Set with Drip Chamber



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:
_____