LOVO X6R4902 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: UDI No.: Lot No.: When Was the Problem Detected? ☐ Before Use ☐ Kit Installation ☐ Disposable Kit Check ☐ Disposable Kit Prime ☐ During Procedure ☐ After Procedure Problem Type (Mark all applicable) Packaging: ☐ Packaging Open ☐ Mispacked ☐ Illegible Label ☐ Discolored ☐ Missing or Separated Component (e.g. keeper) Tubing: □ Flattened □ Kinked □ Hole □ Cut/Sliced □ Blocked/Occluded □ Discolored Container: ☐ Leaking Fluid ☐ Improper Seal around Container Port ☐ Discolored Additional Problem Description/Explanation Please circle specific components on the diagram where incident occurred **ANCILLARY** BAG PROCESSING KIT CONNECTION **POINT** Picture available for evaluation? Yes \Box 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 □ 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 \Box No □ N/A □ 4. Was product lost? Yes □ No □ N/A □ 5. Did the procedure involve clinical or patient material? Yes \square No \square N/A \square Check box if you do **NOT** wish to receive response letters. \Box E-mail address for letter recipient (if applicable) **Customer Information (please print)** Kit Return to Fresenius Kabi The following information is required to receive a credit 1. Sample available for evaluation? Yes \Box No □ Facility Name: 2. Return label needed? Yes □ No □ Contact Name: 3. Sample return box needed? Yes □ Account Number (if known): Center Authorized Signature/Date: Operator Name: Street Address: City/State/Zip: Fax this report to 1-888-858-2983 or E-mail this report to Phone Number: _____ mdpmga.usa@fresenius-kabi.com and include a copy of this form Contact Person's E-mail: when returning a kit. FRM-PCO01001F16 [B]