

Cue X6R5006 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 During Use After Use

Problem Type (Mark all applicable)

Packaging: Packaging Open Mispacked Discolored Missing or Illegible Label
 Missing or Separated Component (e.g., keeper)

Tubing: Flattened Kinked Hole Cut/Sliced Blocked/Occluded Discolored Incorrect Length
 Separated (e.g. from Cassette)

Female Luer: Cracked Leaking Discolored Blocked/Occluded Poor Fit Disconnected

Male Luer: Cracked Leaking Discolored Blocked/Occluded Poor Fit Disconnected

Pouch: Flattened Kinked Hole Cut/Sliced Blocked/Occluded Discolored

Air Filter: Cracked Leaking Discolored Blocked/Occluded

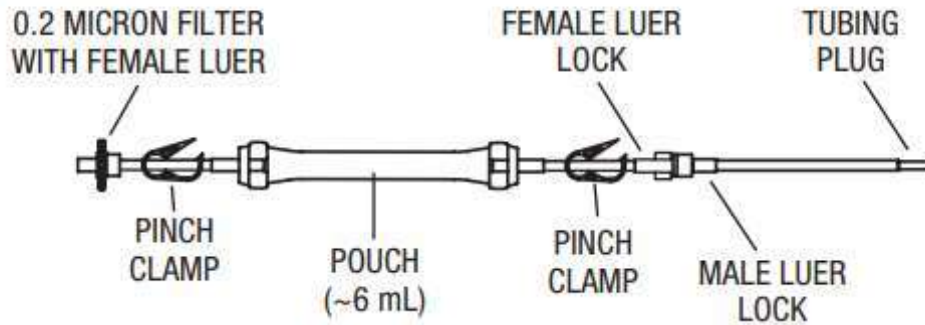
Other: _____ Associated Alert Name/Code (if applicable): _____

Additional Problem Description / Explanation

Please circle specific components on the diagram where incident occurred.

Cue X6R5006 Sampling Set

Cue Sampling Set



Picture available for evaluation? Yes No

If a picture is available, please e-mail a clear picture along with this report to mdpmqa.usa@fresenius-kabi.com

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Please answer the following questions:

1. Was there any adverse event or injury? Yes No
 2. Was the procedure successfully completed? Yes 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 No N/A
- Check box if you do **NOT** wish to receive response letters.

E-mail address for letter recipient (if applicable)

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

Center Authorized Signature/Date:

Fax this report to 1-888-858-2983 or E-mail this report to mdpmga.usa@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 Name: _____

Account Number (if known): _____

Operator Name: _____

Street Address: _____

City/State/Zip: _____

Phone Number: _____

Contact Person's E-mail: _____