Platelet Collection



AMICUS Separator Kit Performance Report

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

| | | | | Software Version: | | | |
|---|---|--|---|--|---------------------|--|------|
| Product Code: | Lot No.: | | PAS: N | lo \square Yes \square (Lot No.: $_$ |) W | /B Processed: | _ mL |
| When Was the Prol ☐ Set Up ☐ Prime% | ☐ Collection | □ Plasma Tran | | | | | |
| Problem Type (Mar ☐ Alarms (Specify) ☐ Blood Leak | | | □ Leak | ☐ Particulate Matter☐ Platelet Aggregati☐ RBC Contaminatio | on (After 24 Hrs.) | ☐ Restriction/No☐ Separated☐ Other (Specify Belo | |
| Please answer the f 1. Was there any ad 2. Was the procedu 3. If no, was the pro 4. Was product lost Check box if you do | following questiverse event or in resuccessfully condured stopped? Yes \(\Bar\) No \(\Bar\) | ons: njury? Yes \(\) Nompleted? Yes due to a soft g | No 🗆 s 🗆 No 🗆 N oods incide | | | | |
| | | | | E-mail address for le | etter recipient (if | applicable) | |
| Please circle specifications and the specification of the specification | PAS Line (PAS Kits Only) | Clamp PC Sample Pack Y5 A Drip Chamber (if present) VB Bag Drip Drip Chamber Drip | Platelet Storage Container Clamp PC Storage Inti-microbial Filter | et ge | Tape Upper Joint 1 | | Tab |
| Note: This Diagram is a graphic report Note: FC means "Functionally Clo | sed." | | curately depict a spe | ecific code. | Pouch | | |
| Additional Problem | Description / I | Explanation | | | | | |

| Kit Return To Fresenius Kabi 1. Sample available for evaluation? Yes □ No □ Not Required □ 2. Sample return box needed? Yes □ No □ Return label only □ | Customer Information (please print) The following information is required to receive a credit Facility Name: Contact Person: Account Number (if known): Operator Name: | | |
|--|--|--|--|
| 3. Picture available for evaluation? Yes □ No □ | | | |
| Please e-mail a clear picture along with this report to | | | |
| mdpmqa.usa@fresenius-kabi.com | | | |
| Center Authorized Signature/Date: | Street Address: | | |
| Center Authorized Signature/ Date. | City/State/Zip: | | |
| | Phone Number: | | |
| | Contact Person's E-mail: | | |

Fax this report to 1-888-858-2983 or E-mail to mdpmqa.usa@fresenius-kabi.com and include a copy of this form when returning a kit.