

Cue X6R5002 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.: _____ Spinner Video Jet 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., pinch clamp)

Tube: Flattened Kinked Hole Cut/Sliced Blocked/Occluded Discolored Incorrect Length
 Separated (e.g. from Y connector)

Female Luer with Cap: Cracked Leaking Discolored Blocked/Occluded Poor Fit

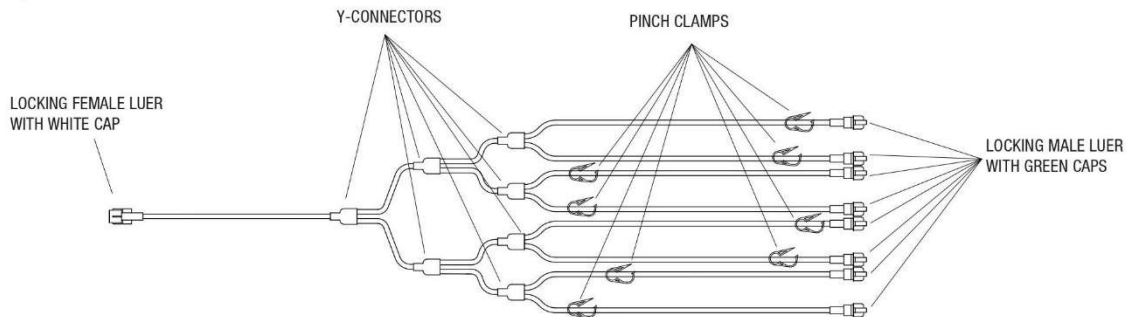
Male Luer with Cap: Cracked Leaking Discolored Blocked/Occluded Poor Fit

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

Additional Problem Description/Explanation

Please circle specific components on the diagram where incident occurred

Cue X6R5002 Manifold Set – 8-Lead



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

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

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 mdpmqa.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: _____