Mononuclear Cell (MNC) Collection



AMICUS Separator Kit Performance Report

Important: If re	action or injury ha	s occurred call	Fresenius K	abi Post-Market Qualit	y Assurance at 1-800-933-6925.	
	ncident Date: Instrument S/N.: Se					
Product Code: Lot No.:						
When Was the P	roblem Detected?					
	☐ Collec					
☐ Prime Step No	🗆 Reinfu	ısion □ Afte	r Procedure/	QC		
Problem Type (1ark all applicable)	☐ Cut/Slice	☐ Kink	☐ Particulate Matter	r □ Restriction/No Flow	
☐ Alarms (Specif	fy)			☐ Separated	☐ Blood Leak	
☐ Cracked	☐ Excess Air	☐ Missing	☐ RBC Cc	ntamination	☐ Other (Specify Below)	
	ne following questi					
=	adverse event or ir					
2. If applicable, li	st name of any drug	g administered:				
3. Was the proce	dure successfully c	ompleted? Yes	□ No □ N/	АП		
4. If no, was the p	procedure stopped	due to a soft go	ods incident	? Yes 🗆 No 🗆 N/A 🗆		
5. Was product lo	ost? Yes □ No □	N/A □				
	do NOT wish to re		letters. 🗆			
				E-mail address for lette	E-mail address for letter recipient (if applicable)	
Please circle spe	cific components	on the diagram	where incid	ent occurred		
, 3 3pc				 		
	← Collection Bag / Final Storage Bag				Note: This Diagram is a graphic representation of an AMICUS Kit. It is not intended to accurately	
	STORA CONTAI	SE NER			depict a specific code.	
	TX.					
	Y7	3				
	Clamp → 🛊 🔪	Roller Clamp				
	PC Sample Pack —					
		13				
		B. (1)				
		Tray	Right Cassette			
Red Spike	ACD Line Drip C	hamber				
	Clamp		Middle	_	Company Chamber	
Plasma Bag →	Clamp		6 Cassett	е	Separation Chamber ————————————————————————————————————	
	Anti-microbial —			Vr - Upi	per Bearing Lower	
RBC Bag —	→ Filter	T2		Y5 Tape Join		
		3 7 7	4)	Y4 Sample		
Waste Bag			12	Air Trap Pouch	Centrifuge Pack Inlet Line Tubing	
· ·				ACD Coil + Roller Clan		
Clear Spike L	Y6		2) Y3	1 V2	Y1 Needle Wings 1 Needle /	
-				nlet Coil	Fistula	
Clamp Sa	/ /	migraphial Filter	\	l Roller Clamp	Return Line Balance Chamber	
	Drip Chamber Anti	-microbial Filter Left Casse 1-6. Cassette Pump	ette Return Line Filter		Centrifuge Pack /	
			Tability			
Additional Probl	em Description / E	xplanation				
Kit Return To Fr	esenius Kabi			Customer Info	ormation (please print)	
1. Sample available for evaluation? Yes \square No \square Not Required \square					☐ The following information is required to receive a credit	
2. Sample return box needed? Yes □ No □ Return label only □						
3. Picture available for evaluation? Yes \square No \square					Contact Person:	
Please e-mail a clear picture along with this report to				Account Numbe	Account Number (if known):	
mdpmqa.usa@	afresenius-kabi.co	m		Operator Name:		
Center Authorized	d Signature/Date:			Street Address:		
				City/State/Zip: _		
				Phone Number:		
				C	- F	

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.