

# Solutions Product Performance Report



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

Incident Date: \_\_\_\_\_  
 Product Code: \_\_\_\_\_ Lot No.: \_\_\_\_\_  
 Donor Bleed No.: \_\_\_\_\_

**When Was the Problem Detected?**  Incoming Inspection  Kitting  
 Before Use  Set-Up  Solutions Prime  Blood Prime  Collection  
 During Venipuncture  Reinfusion

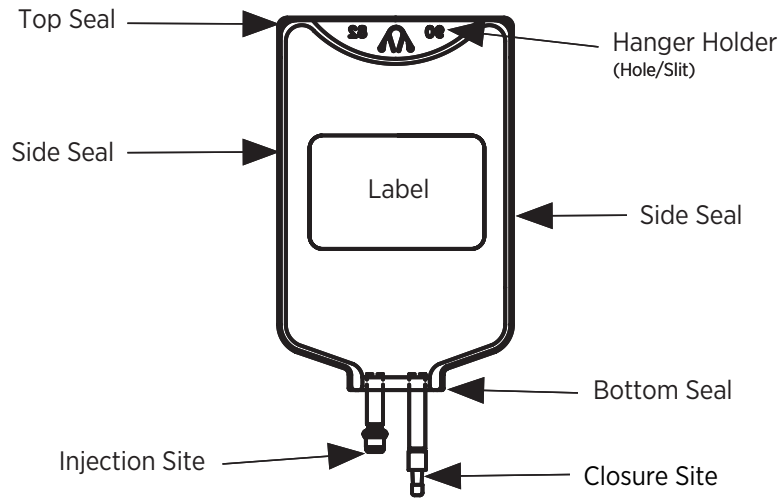
**Problem Type** (Mark all applicable)  Detached/Separated  Hole  Kinked  Cut/Slice  Illegible Label  
 Solution Leak  Missing (not in box)  Other (please specify) \_\_\_\_\_

**Please answer the following question:**  
 Was there any adverse event or injury? Yes  No

Check box if you do **NOT** wish to receive response letters.  \_\_\_\_\_  
 E-mail address for letter recipient (if applicable)

**Please circle specific components on the diagram where incident occurred**

## Solution Container



### Additional Problem Description / Explanation

#### Kit Return To Fresenius Kabi

1. Sample available for evaluation? Yes  No
  2. Sample return box needed? Yes  No  Return label only
  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:**

**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.**

#### Customer Information (please print)

**The following information is required to receive a credit**

Facility Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Account Number (if known): \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Contact Person's E-mail: \_\_\_\_\_