## **AMICUS Exchange**



## AMICUS Separator Kit Performance Report

and include a copy of this form when returning a kit.

White Vented Spike Replacement Fluid Line Drip Chamber Tape Unbilicus  Red Spike White Vented Spike White Vented Spike Port Tape Inlet Access Port Tubing Tape Replacement Fluid Line Port Clamp Drip Chamber Tape Replacement Fluid Line Replacement Fluid Line Port Tape Inlet Access Port Tubing Tape Replacement Fluid Line Replacement Fluid Line Replacement Fluid Line Port Tape Inlet Access Port Tape Return Coil Fluid Line Replacement Fluid Line Replacement Fluid Line Port Tape Inlet Access Port Tape Pack	Incident Date:						UDI No.:	
Set Up						-		
Alarms (Specify				epletion	□ Depletion	on/Exchange	☐ Reinfusion	☐ After Procedure/QC
Please answer the following questions:  1. Was there any adverse event or injury? Yes   No   2. If applicable, list name of any drug administered:  3. Was the procedure successfully completed? Yes   No   N/A      4. If no, was the procedure stopped due to a soft goods incident? Yes   No   N/A    5. 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)  Please circle specific components on the diagram where incident occurred  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Please circle specific components on the diagram where incident occurred  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict as a specific code.  Note list logram as anoth representation of an AMICUS filt is not intended to accurately depict as a specific code.  Note list logram as anoth representation of a filt is not intended to accurately depict as a specific code.  Note list logram as anoth representation of a filt is not intended to accuratel	☐ Alarms (Specify)			_ 🗆 Le	eak 🗆	Separated	□ Bloc	od Leak
1. Was there any adverse event or injury? Yes   No   2. If applicable, list name of any drug administered:  3. Was the procedure successfully completed? Yes   No   N/A    4. If no, was the procedure stopped due to a soft goods incident? Yes   No   N/A    5. Was product lost? Yes   No   N/A    Check box if you do NOT wish to receive response letters.    Please circle specific components on the diagram where incident occurred  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred where the properties of the procedure of a AMCLE Kit is not intended to accurred.  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred where the procedure is not intended to accurred white wenter appendix code.  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred where the procedure is not intended to accurred white wenter appendix code.  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred white wenter appendix code.  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred white wenter appendix code.  Note this Diagram is a graphic representation of an AMCLE Kit is not intended to accurred white wenter and accurred to accurred the process of				LI RE	BC Contami	nation	LI Otne	er (Specify Below)
Please circle specific components on the diagram where incident occurred    Note: This Diagram is a graphic representation of an AMPILLIS ACI, it is not intended to accurately displict a specific code.    Note: This Diagram is a graphic representation of an AMPILLIS ACI, it is not intended to accurately displict a specific code.    Primary   Waste Bag   Waste Bag	<ol> <li>Was there any adversary</li> <li>If applicable, list nare</li> <li>Was the procedure</li> <li>If no, was the proces</li> <li>Was product lost?</li> </ol>	rse event or i me of any dru successfully o dure stopped Yes 🗆 No 🗆	njury? Yes   g administere completed? Y  due to a soft  N/A	ed: /es □ No I : goods ind	cident? Yes			
Note: This Disposition is required to accurately depict a specific code.  Waste Bag  Primary Waste Bag  Primary Waste Bag  Red Spike Replacement Fluid Line Spike Line Drip Chamber Clear Spike  Replacement Fluid Line Drip Chamber Clear Spike  Red Spike Red							tter recipient (if	applicable)
Kit Return To Fresenius Kabi  1. Sample available for evaluation? Yes  No  Not Required  The following information (please print)  2. Sample return box needed? Yes  No  Return label only  Facility Name: Contact Person: Account Number (if known): Please e-mail a clear picture along with this report to mdpmqa.usa@fresenius-kabi.com  Center Authorized Signature/Date:  Customer Information (please print)  The following information (please print)  Account Name: Street Person: Account Number (if known): Operator Name: Street Address: City/State/Zip: City/State	Primary Waste Bag  White Vented Spike Replacement Fluid Line Spike ACD Line Spike Acd Line Spike Acd Line Spike Acd Line Spike Saline Line	ry3  Drip Clamp  Drip Champ  Drip Champ	Tray  namber  T2  3  amber  T3  1	6 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Middle Cassette	ADC Coil	Umbilic Upper Joint Inlet Line Inlet Line Return Line Return Acce	Separation Chamber  Lower Bearing Joint Tape  Access Centrifuge Pack Tubing Tape  Balance Chamber  Chamber  Centrifuge Pack
1. Sample available for evaluation? Yes  No Not Required  Facility Name: Contact Person: Account Number (if known): Operator Name: Street Address: City/State/Zip: Noterial and supplied to receive a sample available for evaluation? Yes  Note Required  Facility Name: Contact Person: Account Number (if known): Operator Name: Street Address: City/State/Zip: Note Required to receive a sample available for evaluation? Yes  Note Required  Note Required  Note Required  Note Required  Note Required  Note Required Note Requi	Additional Problem D	escription /	Explanation					
1. Sample available for evaluation? Yes  No Not Required  The following information is required to receive a Facility Name: Contact Person: Account Number (if known): Operator Name: Street Address: City/State/Zip:		<u> </u>	-					
Center Authorized Signature/Date:  Street Address: City/State/Zip:	<ol> <li>Sample available for evaluation? Yes □ No □ Not Required □</li> <li>Sample return box needed? Yes □ No □ Return label only □</li> <li>Picture available for evaluation? Yes □ No □</li> <li>Please e-mail a clear picture along with this report to</li> </ol>				The following Facility Name Contact Pers Account Num	g information is re e: on: nber (if known): _	equired to receive a credit	
Fay this report to 1-888-858-2983 or F-mail to mdnmga usa@fresenius-kahi com Contact Person's E-mail:						Street Addre City/State/Zi Phone Numb	ss: p: per:	