## **Gravity and Extension Set Performance Report**



Important: If reaction or injury has occurred call Fresenius Kabi Product Complaint and Support at 1-800-933-6925.

Incident Date:	UDI No.:				
Product Code:	Lot No.:				
NA/hou was the incident datasts da					
When was the incident detected?  ☐ Before Use ☐ Set Up ☐ Prime	☐ During Procedure	□ After Procedure	2		
Incident Type (Mark all applicable)  □ Discolored □ Illegible □ Deformed	/Damaged     Incorre	act Labolina - III Fo	roign Matter Connecti	on Drobloms	
☐ Kinked ☐ Missing ☐ Misassembly ☐	-	_	_		
		зтистей 🗆 Зерагат			
Please answer the following questions:	) \/aa \( \) \\ \				
1. Was there any adverse event or injury?		N. / A. 🗔			
2. Was the infusion stopped before comp					
3. Was the infusion successfully complete					
4. What drug was used for the infusion?			Cytotoxic? Yes ☐ No ☐		
5. Was a pressure cuff used during admir	nistration? Yes □ No [				
6. What company manufactured the conf	cainer that was spiked?	?		. N/A □	
Check box if you do <b>NOT</b> wish to receive	response letters. $\square$				
		E-mail address for l	etter recipient (if applicabl	e)	
Please circle specific components on the	diagram where issue	s occurred			
Female Male					
Cap, Luer- PVC Slide Luer-	Сар	Female Luer-lock	Pinch	Сар	
white Lock lubing Clamp Lock	1	K-Zero	Clamp		
	•	Needleless Connector	PVC Tube Male		
			120 mm Luer-lock		
		M PER COL		<u></u>	
PVC Tube (2050mm)		PVC Tube Cap Spike 270mm	Roller Clamp Drip Chamber	PVC Tube 1350mm	
PVC Tube					
Back         K-Zero           Check         Needleless           Prip Chamber         Valve           Needleless         Roller Clamp	Stide Clamp PVC Tube (250mm)				
Y-Site (1)	K-Zero Needleless		Slide Clar	np Roller Clamp	
	Y-Site (2)	ı, E	PVC Cap 270mm	TOTAL	
Convertible Pin  Write end facing the dropper bottle  Cal	Spin Male				
			Spin Mate K-Zero Needleless		
			Luer Lock Y-Site		
Additional Incident Description / Explan	ation				
Vit Detum To Free entire V. I.			Information tale 111		
Kit Return To Fresenius Kabi  1. Cample available for evaluation? Ves F	1 No 🗆		Information (please print)  ng information is required to re	eceive a credit	
<ol> <li>Sample available for evaluation? Yes □</li> <li>Sample return box needed? Yes □ No</li> </ol>			ne:		
<ul><li>2. Sample return box needed? Yes □ No.</li><li>3. Picture available for evaluation? Yes □</li></ul>	_				
Please e-mail a clear picture <b>along with this report</b> to			Contact Person: Account Number (if known):		
mdpmqa.usa@fresenius-kabi.com		l l	ess:		
Center Authorized Signature/Date:			Zip:		
Senter Authorized Signature/ Date.			ber:		
			son'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 set.

REFERENCE DOCUMENTS (S): NONE

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