



Product Experience Report

Please use for each item a separate sheet.

Please send the articles individually wrapped in sterilization foil and sterilized according to the instructions for use to the branch office in your country:

| | | | |
|---|--|---|---------|
| SIC invent AG Aeschengraben 20 4051 Basel | SIC invent Deutschland GmbH Willi-Eichler-Strasse 11 37079 Göttingen | SIC invent Austria GmbH Kohlmarkt 7 / Stg. 2 / 58 1010 Wien | Office: |
|---|--|---|---------|

Please confirm that the returned items have been sterilized and individually wrapped in sterilization film!

Steam sterilization:
other method: Date, signature:

Customer/Surgeon

Name Phone
Address Customer No.
ZIP/City

Product in Annex

Product Description
REF / No.
LOT / No.
UDI-DI

X-rays:

Before implantation
After implantation
After explantation

Description of complaint/event:

Did the event involve an injury or death to the patient?

Yes No

Was medical or surgical intervention required as a result?

Yes No



Event:

- A) **Discoloration or corrosion:**
 - a) when applicable: sterilization cycles
 - b) Type of cleaning agent, disinfection agent used

 - B) **functional impairment / damage:**

 - C) **Other:**
-

***Only applicable for situations with implants or surgical products:**

In what phase did the event become apparent?:

| | |
|---------------------------|--------------------------|
| initial healing phase | reopening |
| before prosthetic loading | after prosthetic loading |

***Only applicable for situations with prosthetic products:**

Which tool(s) was utilized:

| | |
|--|-------|
| torque ratchet with a torque of ____ Ncm | other |
| angle piece | |

Was the product individualized?

| | |
|-----|----|
| yes | no |
|-----|----|

If so, to what extent was the product individualized:

Date: Signature
