OMB 0910-0471
EXP. Date 09/ 30/ 2007

FDA Form: 3669

Device Safety Exchange Data Collection

The Device Safety Exchange (DS – X), provides you with the ability to ask questions of and dialogue with your MedSun peers about device safety concerns. Please provide as much information as you feel is necessary. Items with an asterisk (*) are required.

1 A. Ask your question:(*)

B. Provide any additional information about your question:

2. If you want to tell a safety story about a device', please type the story on a different web page.