MedSun
Medical Product Safety Network

Create New Report
SSS Clinic

FDA

DEVICE INFORMATION

Type of device:

Device manufacturer's name:

Device manufacturer's street address: (Line 1)

Street address: (Line 2)

City:

State:

(Please limit your response to 2 characters)

Zip:

Device brand name:

Approximate age of device:

Years

If a disposable device, was the packaging saved? [Optional]

- Yes
- No
- Not known
- Not applicable

Is this a single use device that was reprocessed and reused on a patient?

- Yes
- No
- Unknown

Is this a laboratory device or laboratory test?

- Yes
- No

Device serial #:

(Please limit your response to 30 characters)

Device model #:

Device lot #:

(Please limit your response to 30 characters)

Device catalog (REF) #:

(Please limit your response to 30 characters)

Other device #:

Expiration date: (mm/dd/yyyy)

Calendar

If the device was implanted, give implant date: (mm/dd/yyyy)

Calendar

If the device was explanted, give explant date: (mm/dd/yyyy)

Calendar

Was the device returned to the manufacturer?

- Yes
- No
- Not known
- Not applicable

Is the device involved in this event available at your facility for evaluation?

- Yes
- No
- Not known
- Not applicable

Have you made the manufacturer aware of this problem/issue?

- Yes
- No
- Unknown

Unique Device Identifier (UDI):

Cancel

Save »