



# Product Experience Report

**Important Note: Product must be sterilized prior to returning to SIC invent. Non-sterile products will be returned for proper sterilizing and packaging.**

Please send the implant with arch to one of the following addresses: Surgery:

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

Steam sterilization: .....

other method: ..... Date, signature: .....

**Please use for each implant a separate sheet.**

## Customer/Surgeon

Name ..... Phone .....

Address ..... Customer No. ....

ZIP/City .....

## Product in Annex

<u>Implant:</u>	<u>X-rays:</u>
Product Description .....	Before implantation
REF / No. ....	After implantation
LOT / No. ....	After explant

## 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 events 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 events with prosthetic products:**

Which tool(s) was utilized:

torque ratchet with a torque of ____ Ncm	other
angle piece	.....

Was the product individualized?

yes	no
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If so, to what extent was the product individualized:

Date: ..... Signature .....