



# 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	.....	<u>X-rays:</u>
REF / No.	.....	Before implantation
LOT / No.	.....	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  
before prosthetic loading

reopening  
after prosthetic loading

---

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

Which tool(s) was utilized:

torque ratchet with a torque of \_\_\_\_ Ncm  
angle piece

other  
.....

---

Was the product individualized?

yes

no

If so, to what extent was the product individualized:

Date: .....

Signature .....