

Note: Please keep the Investigational Product Sticker of any device opened/used. If more than 2 devices were used, please complete another form if utilizing as source.

Access Sheath	<input type="checkbox"/> Regular (27 MM) Single Curve <input type="checkbox"/> Regular (27 MM) Double Curve <input type="checkbox"/> Large (35 MM) Single Curve <input type="checkbox"/> Large (35 MM) Double Curve <input type="checkbox"/> VizaraMed Multiflex Steerable Sheath	Access Sheath	<input type="checkbox"/> Regular (27 MM) Single Curve <input type="checkbox"/> Regular (27 MM) Double Curve <input type="checkbox"/> Large (35 MM) Single Curve <input type="checkbox"/> Large (35 MM) Double Curve <input type="checkbox"/> VizaraMed Multiflex Steerable Sheath
Lot Number	<i>Place Product Sticker here</i>	Lot Number	<i>Place Product Sticker here</i>
Outcome	<input type="checkbox"/> Used <input type="checkbox"/> Opened, Not Used <input type="checkbox"/> Opened, Used, Disposed <input type="checkbox"/> Opened, Used, Returned <input type="checkbox"/> Opened, Not Used, Returned	Outcome	<input type="checkbox"/> Used <input type="checkbox"/> Opened, Not Used <input type="checkbox"/> Opened, Used, Disposed <input type="checkbox"/> Opened, Used, Returned <input type="checkbox"/> Opened, Not Used, Returned
Did device deficiency or device malfunction occur?	<input type="checkbox"/> Yes <i>If yes, complete a Device Deficiency Form</i> <input type="checkbox"/> No	Did device deficiency or device malfunction occur?	<input type="checkbox"/> Yes <i>If yes, complete a Device Deficiency Form</i> <input type="checkbox"/> No

Site Personnel Signature

____/____/_____
Date (DD/MMM/YYYY)