

## Product Experience Report Form

US10T420-05-01 Rev 1.0

Instructions	

Replacement Sent

Charged

Other (describe):

Yes

Yes

No

No

1. Fill-in the appropriate fields in each section Submit Form Reset Form 2. Click **Submit Form** to send to ResMed (RMA-USA@resmed.com) 3. Click Reset Form to clear all form entries **Reporter Information** Originator: Department: HME/DME Patient ResMed Employee Reporter: Other (describe): Reference: Report Date: (RMA / SR / Other (describe) Date of Occurrence: Date of Awareness: (Date ResMed was notified) (Actual date of the event) **Contact Information** Contact Name: Phone: Company / Person: Email: Address: Account No.: **Product Information** Product Code Lot No. or Serial No. **Product Description** Flow Gen Ventilator **Product Type** Mask Other (describe): Reported Issue Issue Description When did the fault Out of Box: With HME/DME With Patient With HME/DME Occur? In Use: With Patient Other (describe): Patient Involvement? Yes | Injury (details): ☐ Death (details): Other (describe): No Resolution

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