

CUSTOMER EVENT REPORT

Reporter Information					User Information				
Event Reporter Name:				Country	:				
Telephone:				Was use	er trained?		Yes	No	
Email:				Training	Provider (if	known):			
Distributor Name:									
Device Information									
Device Type (Check one.)	Type (Check one.) Device Serial		Number				Device Software Version		
SAM PAD 300									
SAM PAD 300P									
SAM PAD 350P									
SAM PAD 360P									
SAM PAD 450P									
SAM PAD 500P									
☐ AED									
☐ PDU 400									
Pad-Pak™ Information						Pa	tient Inf	formation*	
Pad-Pak Type (Check one.)			Expiration Date		☐ Male	☐ Fen	nale	Non-binary/ third gender	
Pad-Pak					Age in Years:				
☐ Pediatric-Pak™					Time of Use (Local):				
1				Date of Use:					
		Pre-Exist	ing Medical (Conditions	s (if known)			
Medical Condition (Check all that apply.)		3		Det					
☐ Diabetes Mellitus									
Hypertension									
Hyperlipidaemia									
Implanted Pacemake	r								
Other									
Event Information									
Was the event witnessed?				Yes [No If	yes, by who	om?		
Was CPR performed by bystander prior to AED switch on?			Yes [No If	yes, for how	v long?			
What was the rescuer response time (from SCA to retrieving AED)?									
Was patient breathing prior to commencing CPR?			Yes No Unknown						
Did the patient have a pulse prior to commencing CPR?			Yes No Unknown						
Was a shock delivered?			Yes [No					
Only information requested	I on the Custome	r Event Form	hould be provi	idad Allati	har nationt i	nformation o	bould re		

		Location of Resu	scitation Atte	mpt					
Location (Check one.)		Details							
Home									
Office									
■ Medical Facility									
☐ Sports Center									
☐ Public Space									
☐ Other									
Unknown									
		Presenting Heart	Rhythm (if kno	own)					
Heart Rhythm (Check of	e.) Details (Provide additional information about heart rhythm, if known.)								
☐ VF									
☐ VT									
☐ PEA									
Asystole									
☐ Sinus Rhythm									
☐ Non-Shockable									
Other									
		Patient (Outcome						
Outcome (Cr	neck one.)			Details					
Survived to hosp	ital admission								
☐ Survived to hospital discharge									
Did not survive									
Unknown									
Is the device used avai		s the event downloaded using S	Saver EVO™	If no, should HeartSine provid	e a printed or download				
D Vaa D Na		ware? 🔲 Yes 🔲 No		version of the event? Printed Downloaded	adad D Naithar				
		es, please upload event file to:		Printed Downloaded	Neither				
	<u>http:</u>	//heartsine.com/support/upload-sav	<u>/er-evo/</u>	•					
		Forward	d Hearts						
Has the survivor been	informed of the H	leartSine Forward Hearts progr	ram? (http://hea	artsine.com/forward-hearts)	Yes No				
Does the survivor wis	h to participate in	the Forward Hearts program?			Yes No				
TERMS Following are the	terms for the Free F	Pad-Pak and Forward Hearts progra	ams.						
1. The event must be an a		ac arrest to qualify. ical Team, whose decision is final.							
		es representative for details.							
Signature:				Date:					
Report/Description of Saver Event									
For HeartSine Use Only									
Email:	EMEA/APAC	U.S./Americas	(€ The He	eartsine products described in this brochure	# Hoart Sino				

support@heartsine.com

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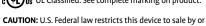
HeartSine Technologies LLC 121 Friends Lane, Suite 400 Newtown, PA 18940 Fax: +1 215 860 8192 info@heartsine.com



meet the European Medical Directive requirement.



CUL) US UL Classified. See complete marking on product.



on the order of a licensed practitioner.



www.heartsine.com







If needed please give more details here







