HeartSine®

Clinical Event Reference
For HeartSine Use Only

CUSTOMER EVENT REPORT

Reporter Information	
Event Reporter Name:	
Telephone:	
Email:	
Distributor Name:	

User Information	
Country:	
Was user trained?	❑ Yes ❑ No
Training Provider (if known):	

Device Information		
Device 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		
Pad-Pak Type (Check one.)	Lot/Serial Number	Expiration Date
❑ Pad-Pak		
❑ Pediatric-Pak™		

Patient Information*		
❑ Male	❑ Female	❑ Non-binary/ third gender
Age in Years:		
Time of Use (Local):		
Date of Use:		

Pre-Existing Medical Conditions (if known)	
Medical Condition (Check all that apply.)	Details
❑ Diabetes Mellitus	
❑ Hypertension	
❑ Hyperlipidaemia	
❑ Implanted Pacemaker	
❑ Other	

Event Information		
Was the event witnessed?	❑ Yes ❑ No	If yes, by whom?
Was CPR performed by bystander prior to AED switch on?	❑ Yes ❑ No	If yes, for how 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 on the Customer Event Form should be provided. All other patient information should remain anonymous.*

Location of Resuscitation Attempt

Location (Check one.)	Details
☐ Home	
☐ Office	
☐ Medical Facility	
☐ Sports Center	
☐ Public Space	
☐ Other	
☐ Unknown	

Presenting Heart Rhythm (if known)

Heart Rhythm (Check one.)	Details (Provide additional information about heart rhythm, if known.)
☐ VF	
☐ VT	
☐ PEA	
☐ Asystole	
☐ Sinus Rhythm	
☐ Non-Shockable	
☐ Other	

Patient Outcome

Outcome (Check one.)	Details
☐ Survived to hospital admission	
☐ Survived to hospital discharge	
☐ Did not survive	
☐ Unknown	

Is the device used available for investigation, if required?
☐ Yes ☐ No

Was the event downloaded using Saver EVO™ software? ☐ Yes ☐ No
If yes, please upload event file to:
http://heartsine.com/support/upload-saver-evo/

If no, should HeartSine provide a printed or download version of the event?
☐ Printed ☐ Downloaded ☐ Neither

Forward Hearts

Has the survivor been informed of the HeartSine Forward Hearts program? (http://heartsine.com/forward-hearts)	☐ Yes ☐ No
Does the survivor wish to participate in the Forward Hearts program?	☐ Yes ☐ No

TERMS Following are the terms for the Free Pad-Pak and Forward Hearts programs.

1. The event must be an actual sudden cardiac arrest to qualify.
2. The event is verified by the HeartSine Clinical Team, whose decision is final.
3. Exclusions apply. Please contact your sales representative for details.

Signature: _____ **Date:** _____

Report/Description of Saver Event

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Email:
support@heartsine.com

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CE 0120 The Heartsine products described in this brochure meet the European Medical Directive requirement.

UL Classified. See complete marking on product.

CAUTION: U.S. Federal law restricts this device to sale by or on the order of a licensed practitioner.

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HeartSine®

www.heartsine.com

If needed please give more details here