

## CUSTOMER EVENT REPORT

### Reporter Information

Event Reporter Name:	
Telephone:	
Email:	
Distributor Name:	

### User Information

Country:	
Was user trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Training Provider (if known):	

### Device Information

Device Type (check one)	Serial Number	Software Version
<input type="checkbox"/> SAM 300		
<input type="checkbox"/> SAM 300P		
<input type="checkbox"/> SAM 350P		
<input type="checkbox"/> SAM 500P		
<input type="checkbox"/> AED		
<input type="checkbox"/> PDU		

### Accessories

#### Other Accessories Used


### Pad-Pak Information

Pad-Pak Type (check one)	Lot/Serial Number	Expiration Date
<input type="checkbox"/> Adult		
<input type="checkbox"/> Pediatric		
<input type="checkbox"/> Data-Pak		

### Patient Information

<input type="checkbox"/> Male <input type="checkbox"/> Female	Age (Years):	Time of Use (Local):	Date of Use:
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### Pre-existing Medical Conditions (if known)

Medical Condition (Check all that apply)	Details
<input type="checkbox"/> Diabetes Mellitus	
<input type="checkbox"/> Hypertension	
<input type="checkbox"/> Hyperlipidaemia	
<input type="checkbox"/> Implanted Pacemaker	
<input type="checkbox"/> Other	

### Event Information

Was the event witnessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom?
Was CPR performed by bystander prior to AED switch on?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long?
What was the rescuer response time? (from SCA to retrieving AED)	
Was patient breathing on arrival of rescuer?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Did the patient have a pulse prior to commencing CPR?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was a shock delivered?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Location Where Resuscitation Was Attempted

Location (check one)	Details
<input type="checkbox"/> Home	
<input type="checkbox"/> Office	
<input type="checkbox"/> Medical Facility	
<input type="checkbox"/> Sports Center	
<input type="checkbox"/> Public Space	
<input type="checkbox"/> Other	

### Presenting Heart Rhythm (if known)

Heart Rhythm (check one)	Details
<input type="checkbox"/> VF	
<input type="checkbox"/> VT	
<input type="checkbox"/> PEA	
<input type="checkbox"/> Aystole	
<input type="checkbox"/> Sinus Rhythm	
<input type="checkbox"/> Non-Shockable	
<input type="checkbox"/> Other	

### Patient Outcome

Outcome (check one)	Details
<input type="checkbox"/> Survived to hospital admission	
<input type="checkbox"/> Survived to hospital discharge	
<input type="checkbox"/> Did not survive	

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

Was the event downloaded using Saver EVO software?  Yes  No

If no, would you like HeartSine to provide a printed or download version of the event?  Yes  No  
 Printed  Downloaded

### Additional Comments/Suggestions

### Forward Hearts

Has the survivor been informed of HeartSine's 'Forward Hearts' program? ( <a href="http://heartsine.com/forward-hearts">http://heartsine.com/forward-hearts</a> )	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the survivor wish to participate in the Forward Hearts program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Report/Description of Saver Event

For HeartSine Use Only

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