

McLaren Flint  
Implanted / Extended Device Record

Implanted     Explanted Device Record

Date: \_\_\_\_\_ Surgeon: \_\_\_\_\_

Procedure/Locations: \_\_\_\_\_

Place manufacturer product label in the space below, and/or write in the following information:

Device description:

Name: \_\_\_\_\_

S.N./Lot #: \_\_\_\_\_

Catalog #: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Model #: \_\_\_\_\_

Quantity: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Tissues Package Integrity

Supplier Package intact:  Yes  No  N/A

Product Package intact:  Yes  No

Temperature Maintained:  Yes  No

Product Label Legible:  Yes  No

Reconstitution:

Reconstitution:  Yes  No

Reconstitution by: \_\_\_\_\_

Reconstitution Date/time: \_\_\_\_\_

Reconstitution instructions available:  Yes  No  N/A

Type of Fluid: \_\_\_\_\_

Lot # of Fluid: \_\_\_\_\_

Exp. Date of Fluid: \_\_\_\_\_

Implants sterilized in house: Date of sterilization: \_\_\_\_\_

CPD: \_\_\_\_\_ Sterilization Load Number: \_\_\_\_\_

OR: \_\_\_\_\_ Sterilizer Used: \_\_\_\_\_ Cycle Count #: \_\_\_\_\_

In the event of an Explant, Provide the following information:

Reason for removal: \_\_\_\_\_

Final Disposition: \_\_\_\_\_

In the event of a cardiology Implant/Explant, provide the following information:

Length of warranty: \_\_\_\_\_

Parameter settings: \_\_\_\_\_

