IOWA HEALTH CARE

University of Iowa Health Care
Supply Chain Department

DISPOSABLE DEVICE FAILURE COLLECTION FORM

All device failures are subject to an internal investigation.

DO NOT THROW AWAY DEVICE

Do not give device to vendor rep or non-University of Iowa Health Care staff if patient harm may have occurred.

All devices are considered property of Iowa Health Care until the details of the incident have been reviewed by hospital legal. The manufacturer will be notified of the incident and provided the device to perform quality assurance on the device to determine the cause of failure. Manufactures are required to provide reports of findings to Iowa Health Care. Supply Chain will coordinate with manufacturers on reimbursement for defective devices.

Detailed information about the product and incident should be reported via the Riskonnect incident reporting system.

Please attach Patient Barcode Sticker to the top of this form and to the collection bag.

Place the device and all packaging contents that are available in a bag and seal.
PLEASE attach this form to the outside of the packaging so the item can be identified.

Patient Event Number: _____
Date of Incident: _____