CDM20 Client Clinical Follow-up Form

As part of our ongoing continual improvement process at UW Centre for Advanced Batch Manufacture Limited, it is important to us to receive feedback from our clients. It enables us to:

- understand the performance of our devices;
- maintain a high standard of product quality and client satisfaction;
- implement effective warning and product recall processes and procedures to minimise exposure.

To help us in this task, we invite you to complete the questionnaire below for our post-market surveillance records and reply by email to **ffion.omalley@cbmwales.co.uk**

Date		Enquiry number	E	CBM number	CBM
Device identifier/description					
Health institution and address					
Primary surgery date					
Surgeon name					
Surgeon email/phone number					

Clinical follow-up notes on quality, performance, and safety of device(s)

Please send supporting information to CBM where available, e.g. surgical images, post-operative scan data, etc. Please tick all that apply and provide details in the comments section, including any product recommendations.

Is this the first follow-up?	☐ Yes
Is device performing as expected?	☐ Yes
Serious incident observed?	☐ Yes
Non-serious incident observed?	☐ Yes
Unexpected side-effects developed?	☐ Yes
Known side-effects/contraindications worsened since previous follow-up?	☐ Yes
Emergent risk(s) to patient, users or others identified? (please specify below)	☐ Yes
Revision surgery required? (please specify date and reason below)	☐ Yes
Other? (please specify below)	☐ Yes
Comments:	

Thank you for your time.

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