HeartSine®
Inventor. Innovator. Lifesaver.

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)	Serial Number	Software Version
❑ SAM 300		
❑ SAM 300P		
❑ SAM 350P		
❑ SAM 500P		
❑ AED		
❑ PDU		

Accessories
Other Accessories Used

Pad-Pak Information		
Pad-Pak Type (check one)	Lot/Serial Number	Expiration Date
❑ Adult		
❑ Pediatric		
❑ Data-Pak		

Patient Information			
❑ Male ❑ Female	Age (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 on arrival of rescuer?	❑ Yes ❑ No ❑ Unknown
Did the patient have a pulse prior to commencing CPR?	❑ Yes ❑ No ❑ Unknown
Was a shock delivered?	❑ Yes ❑ No

Location Where Resuscitation Was Attempted	
Location (check one)	Details
❑ Home	
❑ Office	
❑ Medical Facility	
❑ Sports Center	
❑ Public Space	
❑ Other	

Presenting Heart Rhythm (if known)	
Heart Rhythm (check one)	Details
❑ VF	
❑ VT	
❑ PEA	
❑ Aystole	
❑ Sinus Rhythm	
❑ Non-Shockable	
❑ Other	

Patient Outcome	
Outcome (check one)	Details
❑ Survived to hospital admission	
❑ Survived to hospital discharge	
❑ 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? (http://heartsine.com/forward-hearts)	❑ Yes ❑ No
Does the survivor wish to participate in the Forward Hearts program?	❑ Yes ❑ No

Signature: _____ **Date:** _____

Report/Description of Saver Event
For HeartSine Use Only

Email: support@heartsine.com

U.S./AMERICAS
Fax: +1 (215) 860 8192
Mail: HeartSine Technologies Inc.
121 Friends Lane, Suite 400
Newtown, PA 18940 USA

EUROPE/REST OF WORLD
Fax: 44 28 9093 9401
Mail: HeartSine Technologies Ltd.
203 Airport Road West, Belfast,
Northern Ireland BT3 9ED