

T-Safe®

Application Form Replacement T-Safe® IUD

Date:

Procedure

Please complete this form with the requested information. A replacement T-Safe® IUD will be sent free of charge after we received the failed T-Safe® together with this document. Based on the evaluation of the failed T-Safe®, an additional questionnaire might be required. Please note that a financial refund is not possible.

Information requestor

Profession: GP/Gynecologist/Midwife/.....
Name:
Email:
Hospital/Practice:
Address:
Zip code, Town:
Phone number:

Information of patient

Female: Nullipara Multipara
Age:
Regular /special medication during the last 3 months
Information regarding medical conditions/allergies
T-Safe® indication: Contraception/.....
Did the patient use a menstrual cup after insertion of the IUD? Yes No

Information failed insertion

Date of incident
LOT number and expiry date (at the back of the T-Safe® package) LOT nr
Date of insertion Exp Date
Did you perform gynecological examination on the size and position of the uterus before IUD insertion?
Measured uterus length: Yes No
Position of the uterus: cm
Did you open the sterile packaging before the gynecological examination and the measurement of the uterus length? Anteverted Flexed Retroverted Flexed
Did you insert the T-Safe® IUD post abortum? Yes No
Did you reinsert a new (T-Safe®) IUD in this patient? Yes No
Are you interested in a personal T-Safe® instruction? Yes No

Please state the reason for the failed T-Safe® insertion, the action taken and/or your replacement request:

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Signature:

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