

EMERGENCY CASE FORM I

Ladies and Gentlemen,

For an optimal handling of an emergency case, we need the following details:

Patient's age _____

Patient's weight _____

Patient's height _____

Patient's sex _____

Diagnosis _____

For univentricular or biventricular use _____

Required pump size _____

Way of cannulation _____

Scheduled date for operation _____

Our contact person in the hospital _____

Telephone _____

Telefax _____

e-mail _____

Do you require support from our staff? _____

If so, of what kind? _____

Has the permission for the procedure
been obtained from the relevant
authorities? _____

What is the voltage in the hospital? 115 V / 230 V

Who is the contact Person for the shipment: Name
Tel. No.

Delivery address:

Invoice address:

The hospital is responsible for handling import formalities.

The hospital agrees to ensure that the remaining equipment is returned when no longer required.

Date / Signature

Please fax it to:

FAX: +49-(0)30-8187-2716 or +49-30-8187 22 2643