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**ZIACOM® GUARANTEE PROGRAMME
 INSTRUMENT INCIDENT REPORT FORM**

Guarantee Programme Code

(to be completed by the user)

INSTRUMENT INCIDENT FORM

IMPORTANT: To claim under the guarantee, the customer must complete this questionnaire and send it to Ziacom®, or its official authorised distributor, in accordance with the instructions given in the Ziacom® Guarantee Programme see at www.ziacom.com. **ALWAYS RETURN ITEMS STERILISED AND PACKAGED.**

*Mandatory data

CUSTOMER INFORMATION (CLINIC OR OTHERWISE) (compulsory for implant guarantee)

Customer name / Business name* Ziacom® customer No.
 Name of clinic
 Contact person
 Full address Laboratory
 Clinic's email Clinic's phone No.

PATIENT INFORMATION (to be completed only in the event of a surgical or post-surgical incident)

Clinical history No. (do not indicate name)* Male Female

DATA CONTROLLER DETAILS (mandatory for implant warranty)

Dr/Dra*
 Medical licence No.
 School

INCIDENCE DATA (mandatory for the guarantee)

INSTRUMENT INCIDENT INFORMATION (compulsory for guarantee)

REF*	BATCH No*	No. of uses*	Sterilisation cycles*	Cleaning*	Chemical product used	
		< 10	Autoclave	Manual	Glutaraldehyde	Others (indicate product)
		< 25	11 - 22	Ultrasounds	Oxygenated water	
		< 50	23 - 34		Chlorhexidine	
		< 100	35 - 45			

PRODUCT OF THE INCIDENT (mandatory for warranty)

Select at least one option

<p>Surgical drill</p> <p>Edge / Cut</p> <p>Visual appearance</p> <p>Fracture</p> <p>CA connection</p>	<p>Cortical drill</p> <p>Edge / Cut</p> <p>Visual appearance</p> <p>Fracture</p> <p>CA connection</p>	<p>Crestal drills</p> <p>Edge / Cut</p> <p>Visual appearance</p> <p>Fracture</p> <p>CA connection</p>	<p>Taps</p> <p>Edge / Cut</p> <p>Visual appearance</p> <p>Fracture</p> <p>CA connection</p>	<p>Trephines</p> <p>Edge / Cut</p> <p>Visual appearance</p> <p>Fracture</p> <p>CA connection</p>	<p>Bur stops</p> <p>Fit</p> <p>Retention</p> <p>Visual appearance</p>
<p>Ratchet</p> <p>Head does not grip</p> <p>Head jammed</p> <p>Ncm adjuster jammed</p> <p>Visual appearance</p>	<p>Insertion keys</p> <p>Does not grip</p> <p>Deformity</p> <p>CA connection</p> <p>Visual appearance</p>	<p>Bur extender</p> <p>Does not grip</p> <p>Fracture</p> <p>CA connection</p> <p>Visual appearance</p>	<p>Screwdrivers</p> <p>Does not grip</p> <p>Deformity</p> <p>CA connection</p> <p>Visual appearance</p>	<p>Others</p>	

OBSERVATIONS:

SIGNATURE
 AND CLINIC
 STAMP *

Data Protection. **RESPONSIBLE:** Ziacom Medical SL. **PURPOSE:** To carry out the activity of the contract legitimately signed by the parties or commercial/contractual relationship. **LEGITIMACY:** Execution of a contract or commercial/contractual relationship. **ASSIGNMENTS:** To Group companies and third parties, in order to facilitate the processing of the conditions and relations foreseen in the contract/ commercial/contractual relationship, and assignments in compliance with the regulations in force. **CONSERVATION:** During the term of the contract or commercial/contractual relationship, and during the legally established terms. **RIGHTS:** You may exercise your rights of access, rectification, portability and limitation at juridico@ziacom.com. More information on the privacy policy at www.ziacom.com/en/privacy-policy.