

# DEVICE TRACKING REPORT

H 10231

Facility Name: HACKETTSTOWN COMMUNITY HOSPITAL Telephone: (908) 850-6941  
 Address: 651 WILLOW GROVE STREET

City: HACKETTSTOWN State: NEW JERSEY Zip Code: 07840

## Section 1: Action Report

ACTION	DATE	DEPARTMENT
<input type="checkbox"/> RECEIPT	_____	_____
<input type="checkbox"/> IMPLANTATION	_____	_____
<input type="checkbox"/> DISTRIBUTION	_____	_____
<input type="checkbox"/> RETURN TO INVENTORY	_____	_____
<input type="checkbox"/> EXPLANTATION	_____	_____
<input type="checkbox"/> RETIRED FROM SERVICE	_____	_____
<input type="checkbox"/> RETURNED TO MANUFACTURER	_____	_____

COMMENT: \_\_\_\_\_

## Section 2: Device Information

Manufacturer Name: \_\_\_\_\_ P.O. # \_\_\_\_\_  
 Address: \_\_\_\_\_ ECRI Manufacturer Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Distributor: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Device Type: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Model Name/Number: \_\_\_\_\_ ECRI Device Code: \_\_\_\_\_  
 Lot Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_  
 Hospital Identifier: \_\_\_\_\_

Intended Use:  Single Patient Use  Multiple Patient Use

## Section 3: Patient Information

Name: \_\_\_\_\_ Patient/Medical Record No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Patient's Social Security Number: \_\_\_\_\_  
 Date of Patient Death: \_\_\_\_\_ Patient Refused Release of Social Security Number:  Yes

## Section 4: Physician Information

Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Physician Type:  Implanting  Explanting  Prescribing  Primary Care/Following  
 Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Physician Type:  Implanting  Explanting  Prescribing  Primary Care/Following