



Health innovation that matters

Neuromodulation Returned Product Form (RPF)

Before you begin, please read the **Returned Product Kit Instructions** provided in the Product Return Kit.

For a returned product authorization number call: 1 (866) 882-8804			
Note: The returned product authorization number must be clearly marked on the outside of the package. If the material is biohazardous, the package must be marked and treated as such. All returned products shall become the property of LivaNova USA, Inc..			Authorization Number: _____
This form must accompany the returned product(s). Send all returned product(s) to the following address:		LIVANOVA USA, Inc. 100 Cyberonics Blvd. Houston, Texas 77058	
A. Facility Information			
Hospital:		Date (MM/DD/YYYY):	
City:		State:	
Form completed by (<i>Printname clearly</i>):		Phone or E-mail:	
B. Products to Return:			
VNS: Pulse Generator, Lead, Programming Wand/Computer, Software, Tunneling Tool, Accessory Pack			
OSA: Pulse Generator, Lead, Charging Antenna (CA), Remote Control Charger (RCC), Remote Control Charger (RCC) Battery			
Returned Item/Model Number	Serial or Other ID #	Returned Item/Model Number	Serial or Other ID #
1.	#	5.	#
2.	#	6.	#
3.	#	7.	#
4.	#	8.	#
C. Reason for Product Return			
<input type="checkbox"/> Sterilization break (<i>product opened but unused</i>)		<input type="checkbox"/> Other— <i>Describe</i> :	
<input type="checkbox"/> Explant— <i>Please complete sections D, E, and F below.</i>			
D. Patient Information <input type="checkbox"/> <i>If not applicable or anonymity is required (e.g. Clinical Study), please check box.</i>			
Last name:		First name:	Middle name or initial:
Referring physician's name:			
E. Reason for Explant <input type="checkbox"/> <i>If not applicable, please check box.</i>			
<input type="checkbox"/> Battery depletion— <i>For VNS Therapy (only), please choose one below.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Near EOS/NEOS = Yes <input type="checkbox"/> EOS (Device disabled) <input type="checkbox"/> Unable to interrogate due to battery depletion 		<input type="checkbox"/> Prophylactic (elective) generator replacement— <i>For VNS Therapy (only), please choose one below.</i> <ul style="list-style-type: none"> <input type="checkbox"/> Near EOS/NEOS = No <input type="checkbox"/> IFI = Yes 	
<input type="checkbox"/> Lead discontinuity		<input type="checkbox"/> Lack of efficacy	
<input type="checkbox"/> Adverse event— <i>If so, please describe</i> :		<input type="checkbox"/> Other— <i>If so, please describe</i> :	
F. Explant Information <input type="checkbox"/> <i>If not applicable, please check box.</i>			
Explant physician:		Date of explant (MM/DD/YYYY):	
Physician's address:		Physician's phone number:	
		Was a replacement unit implanted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		New Generator Model: _____ Serial #: _____ New Lead Model: _____ Serial #: _____	
G. LivaNova Use Only			
Received by:		Date:	