LivaNova
Health innovation that matters

Returned Product Form

For a returned product authorization number call: **1 (866) 332-1375**

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:
City:	State:
Form completed by *(Print name clearly):*	Phone:

B. Items: Generator, Lead, Programming Wand/Computer, Software, Tunneling Tool, Accessory Pack

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

☐ Sterilization date expired	☐ Product not needed
☐ Sterilization break (*product opened but unused*)	☐ Other—*Describe:*
☐ Explant—*Please complete sections D, E, and F below.*	

D. Patient Information ☐ *If not applicable, please check box.*

Last name:	First name:	Middle name or initial:
Referring physician's name:		

E. Reason for Explant ☐ *If not applicable, please check box.*

☐ Battery depletion—*Choose one below*: ☐ Near EOS/NEOS = Yes ☐ EOS (Device disabled) ☐ Unable to interrogate due to battery depletion	☐ Prophylactic (elective) generator replacement— *Choose one below*: ☐ Near EOS/NEOS = No ☐ IFI = Yes
☐ Lead discontinuity	☐ Lack of efficacy
☐ Adverse event—*Describe:*	☐ Other—*Describe:*

F. Explant Information ☐ *If not applicable, please check box.*

Explant physician:	Date of explant:
Physician's address:	Physician's phone number:
	Was a replacement unit implanted? ☐ Yes ☐ No New Generator Model:_____ Serial #:_____ New Lead Model: _____ Serial #:_____

G. LivaNova Use Only

Received by:	Date: