QUESTIONNAIRE ANCILLARY

For Global D & Partners:
Received by:
Registration number *(if applicable):*
Date:

Complaint Nr:

1. CUSTOMER / PRACTITIONER INFORMATION

Customer code *(see PL and/or invoice)*: .....
Customer name: .....
Email: .....

Product(s) to be returned:
The product(s) involved and any interacting product(s) *(if applicable)*, cleaned, decontaminated, and sterilized, indicating your customer code and, where applicable, the registration number on the sterilization pouch *(or any other information allowing case reconciliation).*

2. PATIENT INFORMATION

Patient initials *(first 3 letters of LAST NAME/first 3 letters of First Name)*: .....

Location *(tooth number or site: maxilla, mandible, skull)*: .....

3. PRODUCT INFORMATION

Note: The reference and lot number are engraved on some surgical instruments.

Defective instrument:
Product category *(drill, shaft, key, etc.)*: .....
Reference: .....
Lot number: .....
If unknown, provide any available information: .....

Interacting product *(if applicable)*:
Product category *(implant, screw, handle, etc.)*: .....
Reference: .....
Lot number: .....
If unknown, provide any available information: .....

4. TYPE OF MALFUNCTION / PATIENT IMPACT

Time of occurrence of the malfunction:

☐ Upon receipt ☐ Extraoral use ☐ During surgery ☐ During prosthetic procedure

Patient impact: ☐ Yes ☐ No If yes, specify *(health condition, surgery postponement, etc.)*: .....

Number of uses before malfunction: *(provide an estimated range if necessary)*: .....

Torque applied *(if applicable)*: ..... N.cm

Drill speed *(if the malfunction involves a drill)*: .....rpm With irrigation: ☐ Yes ☐ No

Description of the malfunction:

Describe the type of malfunction observed (fracture, corrosion, incompatibility, etc.) and the location (mandible, maxilla, etc.) if applicable.

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5. DECONTAMINATION, CLEANING AND STERILIZATION PRACTICES

General usage conditions:

Use of metal brush: ☐ Yes ☐ No
Inspection for wear and functional integrity after use: ☐ Yes ☐ No
Disassembly of the ancillary device for cleaning purposes: ☐ Yes ☐ No
Time between end of procedure and cleaning: ..... min
Water hardness (TH): ☐ Very soft (0 à 7°f) ☐ Moderately hard (15 à 30°f) ☐ Very hard (>40°f)
☐ Soft (7 à 15°f) ☐ Hard (30 à 40°f)

Manual cleaning:
Pre-cleaning residue removal: ☐ Yes ☐ No
Soaking (if used): ..... min
Water temperature: ☐ Cold ☐ Warm ☐ Hot

Automated cleaning / thermal disinfection:
Equipment type: ☐ Washer-disinfector
☐ Ultrasonic cleaner
☐ Other: .....
Detergent / disinfectant used: .....
Drying method: ☐ Air dry ☐ Blowing ☐ Cloth ☐ Automatic

Sterilization : Equipment / Methods - *Please specify the packaging configuration prior to sterilization (complete kit, container, individually wrapped instruments, textile wrapping/Pasteur fold wrapping, etc.) ; Please specify the type of sterilization equipment used ; Please specify the sterilization cycle applied (method and main parameters, if known).*

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6. ADDITIONAL COMMENTS

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