



Complaint Reporting

Use this form to submit information about a complaint related to an SI-BONE product to Quality Affairs. Contact QA@si-bone.com if you have any questions.

Contact Info

Use this to record your attempts to contact and gather information from the customer

Your name

Jero Real

Customer name

Test Test

**How did you learn about this issue?
(select all that apply)?**

From the HCP or associated staff

Please provide any relevant details about your communication:

Test

Complaint Overview

Enter information about surgery that resulted in a problem with any SI-BONE implant, instrument or accessory (e.g., drill bit, pin).

**Date you first heard of problem with
SI-BONE product.**

Tuesday, September 26, 2023

**Indicate affected device(s) (choose all
that apply)**

iFuse (original)

Tera Tracker

Part number(s) (please list the number of each part involved)(required)

Test2

Lot number(s)

Test2

Product Complaint or Adverse Event?

Decide what type of report you are submitting. Contact QA@si-bone.com if you have any questions.

**Did the product complaint result in a
patient problem?**

NO (Ex: damaged instrument)

Product Complaint Without Patient Problem

Use this form to report an SI-BONE product problem that was NOT associated with a patient adverse event.

Examples include:

- Damaged instrument/implant
- Broken/ bent/ cut pin
- Pin advancement but no patient injury
- Packaging issue

If patient injury occurred, go back and click YES to report patient problem.

When was problem detected?

Failed during use (part broke, dislodged, etc.)

Date of surgery or use

Monday, September 18, 2023

Was the physician able to finish the procedure?

Yes, using a different/new part

Was any part of product left in patient? Example: broken pin, metal shavings

Possibly

(Information should be from SI-BONE staff who attended initial surgery)

The surgeon completed all steps in the IFU, including:

- Patient setup (table, spine neutral position, prone or supine position)
- Inspection of instruments and implants prior to use
- Proper views (lateral, inlet and outlet) obtained during use of instruments and placement of implants that clearly showed recommended anatomic landmarks
- Appropriate implant starting position
- (If performed) proper use of neuromonitoring guide pin and equipment
- Use of length gauge for implant length selection
- Were standard wound closure techniques used?

See summary of IFU steps. Did surgeon complete all steps as shown above (regardless of post-op symptoms)?

No, one or more steps not accurately done

Please describe any step(s) not accurately performed or any notes about the case:

Test2

Please describe the details of the event as fully as possible

Test2

Select Adverse Event Type

Implant Malposition Form

Use this form if patient an implant malposition was detected.

(Information should be from SI-BONE staff who attended initial surgery)

The surgeon completed all steps in the IFU, including:

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- Inspection of instruments and implants prior to use
- Proper views (lateral, inlet and outlet) obtained during use of instruments and placement of implants that clearly showed recommended anatomic landmarks
- Appropriate implant starting position
- (If performed) proper use of neuromonitoring guide pin and equipment
- Use of length gauge for implant length selection
- Were standard wound closure techniques used?

Continued, recurrent, or new pain

Use this form if pain did not improve, pain improved but then returned, or new onset pain

(Information should be from SI-BONE staff who attended initial surgery)

The surgeon completed all steps in the IFU, including:

- Patient setup (table, spine neutral position, prone or supine position)
- Inspection of instruments and implants prior to use
- Proper views (lateral, inlet and outlet) obtained during use of instruments and placement of implants that clearly showed recommended anatomic landmarks
- Appropriate implant starting position
- (If performed) proper use of neuromonitoring guide pin and equipment
- Use of length gauge for implant length selection
- Were standard wound closure techniques used?

Surgical Wound Problem

Use this form if patient developed postoperative surgical wound problem (infection, dehiscence).

Other Problem

Use this section ONLY if the patient problem is **NOT**:

- Implant malposition causing nerve irritation
- Pain did not improve or recurred
- Surgical wound problem

Revision Procedure

Complete this if patient underwent revision surgery.

You may be contacted for further information if your submission is lacking critical details. We appreciate your thoroughness.