

SUBJECT INITIALS:

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CASE REPORT FORM

1. Date of Procedure?

	/		/		/		/
D	D	M	M	· Y	Y	Y	Y

2. Male/ Female? (Circle one)

3. Organ Biopsied?

- Kidney
- Liver
- Lung

4. DOB:

5. Kronos device used (Circle one):

900001SP-01 (KU10)

900001SP-02 (KU15)

6. Guide Needle Gauge/ Length (cm)?

7. Biopsy Tissue Gun Brand?

8. Successful Outcome?

Yes

No

9. Adverse Event?

- Hematoma
- Minor Bleeding
- Major Bleeding
- Hemorrhage
- Reintervention
- Hospital Readmission
- Other: _____

12. Additional Notes:

Please email all forms to hfriend@singlepass.co

Signature

Date

MONITORED:

Initials /Date __ / __ / ____