Was there a device malfunction?* ○ YES ○ NO ○ UNK

Device type:*

Date of onset:* mm/dd/yyyy

General Information

Location of patient:* ○In hospital ○Out of hospital ○Unknown

Surgical procedure required:* ○YES ○NO ○UNK

Device explanted:* ○YES ○NO ○UNK

Did this device malfunction adverse event cause patient's death:* ○YES ○NO ○UNK

Please be aware that when you enter a Device Malfunction into INTERMACS, both FDA and the manufacturer of the device, will be notified. If necessary, the device manufacturer will follow up with you as required by FDA regulation.

Please briefly describe this device malfunction including what happened, what component was involved, method of diagnosis, intervention(s) if any, and the result:*

Causative or contributing factors to the Device Malfunction (check all that apply):*

- ☐ Patient/Device Interaction
- ☐ Medical Management (interaction between health system and patient)
- ☐ Primary Device Malfunction
- ☐ Patient/Disease Related
- ☐ End of Pump Life
- ☐ No specific contributing cause identified

Device Specific Information

Failure Mode:

RVAD Both:

Failure Mode: