

# Multi-Safe®

## Application Form Replacement Multi-Safe® IUD

Date: .....

### Procedure

Please complete this form with the requested information. A replacement Multi-Safe® IUD will be sent free of charge after we received the failed Multi-Safe® together with this document. Based on the evaluation of the failed Multi-Safe®, an additional questionnaire might be required. Please note that a financial refund is not possible.

### Information requestor

Profession: GP/Gynecologist/Midwife/.....  
Name: .....  
Email: .....  
Hospital/Practice: .....  
Address: .....  
Zip code, Town: .....  
Phone number: .....

### Information of patient

Female: Nullipara Multipara  
Age: .....  
Regular /special medication during the last 3 months .....  
Information regarding medical conditions/allergies .....  
Multi-Safe® indication: Contraception/.....

### Information failed insertion

IUD type Multi-Safe Multi-Safe short  
Date of incident .....  
LOT number and expiry date (at the back of the Multi-Safe® package) LOT nr .....  
Exp Date .....  
Date of insertion / removal ...../.....  
Did you perform gynecological examination on the size and position of the uterus before IUD insertion? Yes No  
Measured uterus length: ..... cm  
Position of the uterus: Anteverted Flexed Retroverted Flexed  
Did you open the sterile packaging before the gynecological examination and the measurement of the probe length? Yes No  
Did you insert the Multi-Safe® IUD post abortum? Yes No  
Did you reinsert a new (Multi-Safe®) IUD in this patient? Yes No  
Are you interested in a personal Multi-Safe® instruction? Yes No

Please state the reason for the failed Multi-Safe® insertion, the action taken and/or your replacement request:

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Signature:

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