

| Device Disposition Log - Implants | |
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| Investigational Title | |
| Principal Investigator | |

| Implant Serial Number | Date received | Initials of study team member receiving | Complete if device was implanted | | Complete if device was returned | | | |
|-----------------------|---------------|---|--|----------------|---------------------------------|---|---------------------------|-------------------|
| | | | Date of implantation & Signature of PI or designee | Participant ID | Date of explanation | Initials of study team member returning | Date of Return to Sponsor | Reason for return |
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Device Disposition Log – External Equipment

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| Investigational Title | |
| Primary Investigator | |

| Serial Number and/or Kit Number | Date received | Initials of study team member receiving | Complete if device was distributed | | Complete if device was returned | | | |
|---------------------------------|---------------|---|------------------------------------|----------------|---------------------------------|---|---------------------------|-------------------|
| | | | Date of distribution | Participant ID | Date device was returned | Initials of study team member returning | Date of return to Sponsor | Reason for return |
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