

Device Disposition Log - Implants

Investigational Title	
Principal Investigator	

Implant Serial Number	Date received	Complete if device was implanted		Complete if device was returned		
		Date of implantation & Signature of PI or designee	Subject ID	Date of explantation	Date of return	Reason for return

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Device Disposition Log – External Equipment

Investigational Title	
Primary Investigator	
Subject	

Serial Number and/or Kit Number	Date received	Complete if device was distributed		Complete if device was returned		
		Date of distribution	Subject ID	Date of return to clinic	Date of return to Sponsor	Reason for return

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