

Subpart C—User Facility Reporting Requirements

§ 803.30 If I am a user facility, what reporting requirements apply to me?

(a) You must submit reports to the manufacturer or to us, or both, as specified below:

(1) *Reports of death.* You must submit a report to us as soon as practicable but no more than 10 work days after the day that you become aware of information, from any source, that reasonably suggests that a device has or may have caused or contributed to the death of a patient of your facility. You must also submit the report to the device manufacturer, if known. You must report information required by § 803.32 on FDA Form 3500A or an electronic equivalent approved under § 803.14.

(2) *Reports of serious injury.* You must submit a report to the manufacturer of the device no later than 10 work days after the day that you become aware of information, from any source, that reasonably suggests that a device has or may have caused or contributed to a serious injury to a patient of your facility. If the manufacturer is not known, you must submit the report to us. You must report information required by § 803.32 on FDA Form 3500A or an electronic equivalent approved under § 803.14.

(b) What information does FDA consider “reasonably known” to me? You must submit all information required in this subpart C that is reasonably known to you. This information includes information found in documents that you possess and any information that becomes available as a result of reasonable followup within your facility. You are not required to evaluate or investigate the event by obtaining or evaluating information that you do not reasonably know.

§ 803.32 If I am a user facility, what information must I submit in my individual adverse event reports?

You must include the following information in your report, if reasonably known to you, as described in § 803.30(b). These types of information correspond generally to the elements of FDA Form 3500A:

(a) Patient information (Form 3500A, Block A). You must submit the following:

- (1) Patient name or other identifier;
- (2) Patient age at the time of event, or date of birth;
- (3) Patient gender; and
- (4) Patient weight.

(b) Adverse event or product problem (Form 3500A, Block B). You must submit the following:

- (1) Identification of adverse event or product problem;
- (2) Outcomes attributed to the adverse event (e.g., death or serious injury). An outcome is considered a serious injury if it is:
 - (i) Life-threatening injury or illness;
 - (ii) Disability resulting in permanent impairment of a body function or permanent damage to a body structure; or
 - (iii) Injury or illness that requires intervention to prevent permanent impairment of a body structure or function;
- (3) Date of event;
- (4) Date of report by the initial reporter;
- (5) Description of event or problem, including a discussion of how the device was involved, nature of the problem, patient followup or required treatment, and any environmental conditions that may have influenced the event;
- (6) Description of relevant tests, including dates and laboratory data; and
- (7) Description of other relevant history, including preexisting medical conditions.

(c) Device information (Form 3500A, Block D). You must submit the following:

- (1) Brand name;
- (2) Type of device;
- (3) Manufacturer name and address;
- (4) Operator of the device (health professional, patient, lay user, other);
- (5) Expiration date;
- (6) Model number, catalog number, serial number, lot number, or other identifying number;
- (7) Date of device implantation (month, day, year);
- (8) Date of device explantation (month, day, year);
- (9) Whether the device was available for evaluation and whether the device was returned to the manufacturer; if