



Only to be used when Zimmer qualifies as a manufacturer of record

CPT #
(Filled in by Zimmer).

Informed Consent for the Use of Retrieved Implants, Tissue/Fluid Samples and Medical Records

Patient Initials or ID: Date of birth:
(Legal guardian)

During the revision surgery on (___/___/____), implants and tissue/fluid samples (“Retrievals”) were/will be removed. I have been informed by my physician that the Retrievals will be used for research and product safety monitoring purposes.

I give my consent that all Retrievals from the revision surgery, as well as the information contained in the enclosed documentation, may be delivered to Zimmer for the following purposes: scientific investigation, product safety monitoring, scientific documentation and data compilation, and possibly scientific publication, communication of anonymised patient data, and/or reporting to federal agencies. Further, I give my consent that all medical documents and materials related to my revision surgery (e.g. doctor’s letters, surgery reports, laboratory test results, body-imaging materials) may be reviewed and used by Zimmer, its affiliates, and government agencies for the aforementioned purposes. I have been informed and understand that all personal information will remain strictly confidential and anonymous.

I have also been informed and understand that the retrieved implants will be examined and investigated by Zimmer, and that during this process, the implants may be adversely modified or even completely destroyed. I give my consent to the aforementioned uses of the implants and agree that Zimmer is not liable for such modification or destruction.

Finally, I have been informed and understand that my consent may be revoked by written notice to Zimmer at any time; in case of revocation, Zimmer has no liability for any implant investigation or modification undertaken prior to the receipt of the revocation notice.

I have reviewed the information in this document with my physician. I have had an opportunity to consult an attorney and had sufficient time to read, understand, and evaluate the information presented above. I have asked any and all questions that I may have, and the questions have been answered to my satisfaction.

Signed at, on
(location where consent is signed) (date)

Signature of the patient or legal guardian