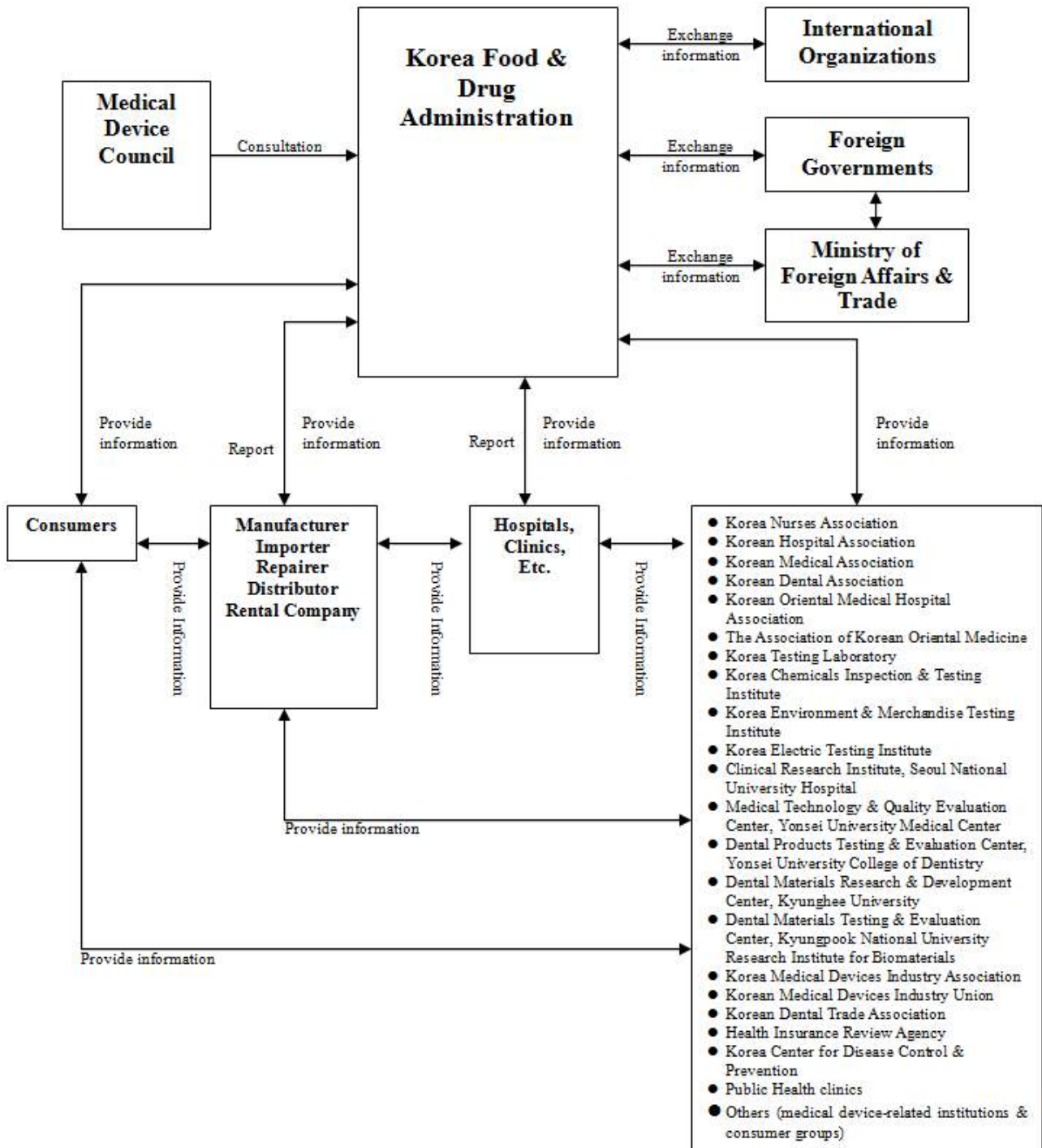




[Attached Table 1]

**MANAGEMENT SYSTEM for SAFETY INFORMATION Etc.**

(Article 3)









Safety Information	Reason for Reporting			
	Summary of Information			
	Number of Products Manufactured (Imported) and Number of Products Distributed (Inventory)			
	Case Brief and Follow-up Actions			
Information on Adverse Side effect	Dates of Adverse Side Effect		Date of adverse side effect being perceived (yy/mm/dd)    / / Date of adverse side effect took place (yy/mm/dd)    / / Date of adverse side effect ended (yy/mm/dd)    / / <input type="checkbox"/> In progress	
	Result of Adverse EventSide effect		<input type="checkbox"/> Death or life-threatening <input type="checkbox"/> Hospitalization extension of the hospitalization period is needed <input type="checkbox"/> a disorder which is impossible to recover from or results in serious disablement or malfunction <input type="checkbox"/> congenital malformation or abnormality <input type="checkbox"/> Others ( )	
	Summary of Adverse Side Effects Etc.	Type of Adverse Side Effect	<input type="checkbox"/> If the Medical Device causes an adverse event of death or a life-threatening result case <input type="checkbox"/> If the Medical Device caused permanent damage; <input type="checkbox"/> If the Medical Device is likely to has risk of seriously threatening public health or aggravate such threat the expansion and <input type="checkbox"/> If the Medical Device necessitates additional medical intervention in order to prevent death or threat to life is additionally needed for prevention of death or threatening of the life <input type="checkbox"/> Others ( )	
		Summary of Adverse Side Effects		
		Details of Adverse Side Effects		
	Event brief and follow-up actions			
	Name of facility/institution where adverse side effect took place			
	Address			
	Contact	Telephone	FAX	
Attachment				