

**CUSTOMER INFORMATION:**

Your Name:	Email:
Facility Name:	Contact Phone:
Address:	First Appearance:
City:	Country:

**ISSUE DESCRIPTION:**

Procedure type	Type(s) of issue(s):
Primary issue	<ul style="list-style-type: none"> <li>Whole geometry shift</li> <li>Single catheter shift</li> <li>Drift of all the catheters</li> <li>Catheter distortion</li> <li>Geometry mismatch</li> <li>Single electrode shift</li> <li>Other issue</li> </ul>

**Channels / Catheters affected:**

<b>Ablation CH,</b>	ALL	ABL d	ABL p	Catheter size:	(Fr), Manufacturer:	shift direction towards:
<b>Other affected catheter 1</b>	Nr of Electrodes:	Location:	Size:	(Fr), Manufacturer:	shift direction towards:	
<b>Other affected catheter 2</b>	Nr of Electrodes:	Location:	Size:	(Fr), Manufacturer:	shift direction towards:	
<b>Other affected catheter 3</b>	Nr of Electrodes:	Location:	Size:	(Fr), Manufacturer:	shift direction towards:	

**LAB PROPERTIES:**

Type of the LAB		
Procedures:		

**EQUIPMENT IN USE:**

X-Ray System:	vendor	Year installed	mobile	fixed
System 1:	vendor	Year installed	mobile	fixed
System 2:	vendor	Year installed	mobile	fixed
System 3:	vendor	Year installed	mobile	fixed
System 4:	vendor	Year installed	mobile	fixed
System 5:	vendor	Year installed	mobile	fixed
System 6:	vendor	Year installed	mobile	fixed
System 7:	vendor	Year installed	mobile	fixed
System 8:	vendor	Year installed	mobile	fixed

**ANY OTHER COMMENTS:**