



600 Central Ave. Ste 265 | Highland Park, IL 60035
(direct) 847.775.1970 | (fax) 847.775.1985
info@QuadA.org

Patient Safety Data Reporting Template

Please DO NOT forward this form to QUAD A

Submit all cases online through the Patient Safety Data Reporting portal: psdr.quada.org

Period I: Jan. 1 - March 31 Period II: April 1 - June 30 Period III: July 1 - Sept. 30 Period IV: Oct. 1 - Dec. 31

Period: _____ Year: _____

Facility Information

Facility ID#: _____

Name: _____

Operating Surgeon: _____ Total # of Cases for this Period: _____

Patient Information

Patient Initials: _____ Gender: _____ Age: _____ What is the patient's ASA classification?
Ethnicity: _____ Height: _____ Weight: _____ Choose: I, II, III, IV or V

Surgical/Procedural Information

Date: _____ Duration: _____(hours) _____(minutes)

Procedure: _____

Procedure # 2: _____

NOTE: If a Breast Augmentation procedure is selected, a new field will ask if an ADM was used. Answer Yes or No.

Acellular Dermal Matrix (ADM) is a biocompatible mesh used in breast augmentation and reconstruction to provide support, cover implants.

Anesthesia Information

Type of Anesthesia: _____

Anesthesia Provider (e.g. Anesthesiologist, CRNA, RN under the direction of the Operating Surgeon): _____

Anesthesia Duration: _____(hours) _____(minutes)

Medical Record Review

Pathology Report	___ Yes ___ No ___ N/A	Post-Op Recovery Record	___ Yes ___ No ___ N/A
Pre-Op Plan for Treatment	___ Yes ___ No ___ N/A	Anesthesia Record	___ Yes ___ No ___ N/A
Informed Consent	___ Yes ___ No ___ N/A	RX Given to Patient	___ Yes ___ No ___ N/A
Medical History	___ Yes ___ No ___ N/A	Discharge Instructions	___ Yes ___ No ___ N/A
Physical Examination	___ Yes ___ No ___ N/A	Operative Report	___ Yes ___ No ___ N/A
Laboratory Reports	___ Yes ___ No ___ N/A	Recorded in Log	___ Yes ___ No ___ N/A