THAYER SCHOOL OF ENGINEERING
AT DARTMOUTH COLLEGE

Dartmouth Biomedical Engineering Center Retrieval Lab
8000 Cummings Hall, Hanover, NH 03755 Tel. 603-646-3489 FAX. 603-646-3489
E-mail address: *Dartmouth.Biomedical.Engineering.Center@Dartmouth.EDU*

DBEC Number:_____
For Laboratory Use Only

IMPLANT RETRIEVAL FORM

See reverse for shipping procedure

SURGEON INFORMATION: Retrieval Surgeon:_____
Address:_____
Telephone:_____ FAX #:_____ E-mail address:_____
Did you implant the retrieved prosthesis? *yes no* If not, who did?_____

PATIENT INFORMATION: Name:_____ M F Age:_____ Wt:_____lbs Ht:_____in
Patient activity level prior to the onset of symptoms: *very active active ambulatory w/aids nonambulatory*
Patient activity level immediately prior to surgery: *very active active ambulatory w/aids nonambulatory*
Description of pain (prior to surgery): 1) severity: *none mild moderate severe*
2) location: *groin buttock thigh knee other:*_____
3) duration:_____*months*
What was the primary diagnosis for which this prosthesis was implanted?_____
Were there any additional significant diagnoses prior to surgery? *yes no*
If so, please describe:_____
Is the patient taking any medications? *yes no* If so, please describe:_____

IMPLANT INFORMATION: *Left / Right* Manufacturer:_____ Model:_____
Implant LOT #'s (high priority for LOT #'s of polyethylene components):_____
(if possible, please enclose photocopies of the ***retrieved*** implants' identification stickers from the patient file)
Date of Implantation: / / Date of Retrieval: / /
Was this implant inserted as a Primary or a Revision? *P R unknown*
Why was this prosthesis removed? *loose subsidence painful position instability dislocation lysis*
*wear of: poly – metal fracture of: poly – implant – bone sepsis postmortem other:*_____
Which component?_____
Pertinent history:_____
Did the poly insert disassociate in vivo? *yes no loosely attached*
Was this implant Hydroxyapatite (HA) coated? *yes no*
What was the quality of bone at the time of revision? *poor fair good excellent*
Was there evidence of significant debris? *no poly metal cement other:*_____
lytic activity at revision? *none mild moderate severe*
site of lytic activity:_____
loosening? *none mild moderate severe*
stress shielding? *none mild moderate severe*
osteoporosis? *yes no* If so, was it: *clinical radiographic both*
What was the removal difficulty? *none mild moderate severe*
What surgical instruments were used?_____
What is the replacement prosthesis? Manufacturer:_____ Model:_____

CLINICAL DETAIL: If you implanted this retrieved prosthesis,
Were you initially satisfied with its size? *yes no* its orientation? *yes no*
Were there any complications?_____
What was the post-operative management? bed rest_____days protection_____days/weeks
Additional comments:_____

Please Enclose All Retrieved Items including metal shells, stems, heads, screws, pegs, clips, etc.

IMPLANT SHIPPING PROCEDURE

1. Soak the device(s) in a 10% formalin solution for 48 hours.
2. Blot to remove excess formalin.
3. Wrap in towels (paper or cloth) lightly soaked in formalin.
4. Double wrap in zip-lock plastic bags.
5. Wrap double bagged device with paper towels, then place into a final third zip-lock bag.
6. Ship in a box via one of the overnight services. Mail to:

   Dr. John P. Collier
   Thayer School of Engineering
   Dartmouth Biomedical Engineering Center
   8000 Cummings Hall, Room 15
   Hanover, NH 03755

7. Please enclose this form with the package.

Thank You!