

Reporting Policy

Your hospital must adhere to the following expectations:

1. Report each SIGN Surgery on the Surgical Database including preliminary and postoperative x-rays within 1 week of the surgery date. If reports are added more than 6 weeks after the surgery date, a follow-up report must be included with a follow-up x-ray and a clinical photo of squat and smile.
2. Upload legible preliminary, postoperative, and follow-up x-rays that can be viewed by SIGN Fracture Care International in order to evaluate the surgery and patient healing.
3. Contact SIGN Fracture Care International if instruments are broken or lost. The hospital must give details as to how the instruments were damaged or worn for consideration of replacement.
4. Respond to email communication from SIGN Fracture Care International within 3 days. Program Manager will notify SIGN Staff of any contact information changes for the hospital within 30 days of a change. (This includes a new Program Manager assignment or email address change.)
5. Notify SIGN within 30 days if the hospital must stop surgeries for an extended period of time for any reason.

If these expectations are NOT met, SIGN Fracture Care International reserves the right to do the following:

1. Stop supply of SIGN Implants and Instruments until proper reporting is resumed.
2. Require the Program to obtain a sponsor for replacement implants if follow-up is below 10% by February 28th, and 30% after April 30th. (*Special consideration is given to new hospitals within 6 months of receiving supplies*)
3. Request a set transfer to a hospital of SIGN's choosing if reporting stops for 2 months.
4. Request that the hospital obtain a sponsor for replacement implants to "restart" the SIGN Program if the hospital experiences inventory loss.

Please initial below showing you have read and understand the terms listed above and accept responsibility for regularly uploading SIGN Surgery information to the Surgical Database. If any of the above guidelines are not met, it may result in the removal of donated SIGN Equipment from the hospital named above.

Initial (Program Manager)

Date

Initial (Hospital Administrator)

Date