

[organization name]

### Appendix 3 – Periodic Safety Update Report

Product:	
Attendees:	

#### Data Summary:

PMS activities in PMS plan	Discussion about data
Non-serious incidents	
Trend reporting (data analysis)	
Feedback and customer complaints	

**Commented [13A1]:** Write in here brief information about the outcomes of the surveillance meeting.

#### Conclusions:

PMS activities	Conclusions:
Serious incidents and Non-serious incidents	
Trend reporting (data analysis)	
Feedback and customer	

**Commented [13A2]:** Write in there if there are any new actions

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Publicly available	
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**Corrective actions:**

Corrective action	Record ID	

**Commented [13A3]:** If there is a need for corrective action, [redacted]

**Commented [13A4]:** Please include the record ID as registered in the Corrective and Preventive Action Request.

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**Commented [13A5]:** E.g. found new adverse events, found new [redacted]

Overall conclusion
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**Commented [13A6]:** E.g. the medical device is safe for use, [redacted]

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**Commented [13A7]:** Please insert the month and year when [redacted]

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**Commented [13A8]:** It is mandatory to include the name of the [redacted]

[name]

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[signature]

**Commented [13A9]:** Only necessary if document is in paper form.