# Member of the Public
## Breast Implants - Adverse Event Report

Please check (☑) the appropriate boxes

### Your details

<table>
<thead>
<tr>
<th>Your name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Your address:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone no:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Email address:</td>
<td></td>
</tr>
</tbody>
</table>

### Hospital and Surgeon details

<table>
<thead>
<tr>
<th>Name and address of surgeon who inserted the implant(s):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and address of hospital where the implant(s) were inserted:</td>
<td></td>
</tr>
<tr>
<td>Name and address of surgeon who removed the implant(s) (if different from above):</td>
<td></td>
</tr>
<tr>
<td>Name and address of hospital where implant(s) were removed (if different from above):</td>
<td></td>
</tr>
</tbody>
</table>

**Do we have permission to contact the surgeons involved?**

- [ ] Yes
- [ ] No

(We may contact him / her in the future for further information regarding your report)

### Implant(s) and operation details

<table>
<thead>
<tr>
<th>Manufacturer or distributor:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Implant(s) model / catalogue number:</td>
<td>Left:</td>
</tr>
<tr>
<td></td>
<td>Right:</td>
</tr>
</tbody>
</table>

**Reason(s) for having implants:**

- [ ] cosmetic augmentation
- [ ] post mastectomy
- [ ] developmental asymmetry
- [ ] replacement
- [ ] other (please specify below)

<table>
<thead>
<tr>
<th>Date of original implantation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of removal:</td>
<td></td>
</tr>
<tr>
<td>When did you first notice a problem:</td>
<td></td>
</tr>
</tbody>
</table>

**Reason(s) for removal:**

(please mark as many as necessary)

- [ ] rupture / leakage
- [ ] swelling of breast
- [ ] reduction in size of breast
- [ ] shape change
- [ ] capsular contracture
- [ ] infection
- [ ] adverse health effects
- [ ] other (please give details below)
Do you believe that your breast implants have caused any adverse health effects in you or your children?  

- Yes
- No

If yes, please specify:

Have the removed implant(s) been:  

- kept by your surgeon
- kept by yourself
- sent to the manufacturer for analysis
- sent for independent analysis
- destroyed
- don’t know
- other (please give details below)

Do we have permission to pass the anonymised details of this report to the manufacturer?  

- Yes
- No

Any other information which you feel is relevant to this report:

Other information

In July 1998, the report of the Independent Review Group on silicone breast implants was published. Would you like MHRA to send you a copy of this report? (The report is only available as an electronic document, although we can print a copy).

- Yes, by email
- Yes, by post
- No

Please sign and date the form here:

_________________________________________ Date: ________________________________

When completed, please return this form to:

Adverse Incident Centre  
Medicines and Healthcare products Regulatory Agency (MHRA)  
2/2 G Market Towers, 1 Nine Elms Lane, London SW8 5NQ  
Fax: 020 7084 3109, Telephone: 020 7084 3080  
Email: aic@mhra.gsi.gov.uk

Further information on breast implants can be found on MHRA’s website at www.mhra.gov.uk/mhra/breastimplants