

Thank you for your quick action!

After using SpeedM[®], please take 1–2 minutes to fill out this short report as completely as possible and send it to casereport@speedcaremineral.de. You can also fill out the form digitally by scanning the QR code. Your feedback helps us ensure the product works reliably in real-life situations and improves care for future patients. All information will be kept strictly confidential.



Thanks a lot for your help. Your Speed Care Mineral Team

1. SpeedM[®] LOT number:

2. Anonymized patient identification:

3. Date of treatment:

4. Age:

5. Gender: male female diverse

6. Other information:
(e.g. previous illnesses, smoker, alcohol influence, medication)

7. Anticoagulant use: yes, which one: no unknown

8. Anatomical region of injury: extremities trunk/abdomen inguinal head/neck
 others, please describe:

9. Type of bleeding: arterial venous/mixed unknown

10. Type of injury: gunshot wound stab wound shrapnel injury
 amputation wound others, please describe:

11. Complementary hemostatic measure: tourniquet compression bandage
 others, please describe:

12. Could the bleeding be controlled with SpeedM[®]: completely partially not
Comment:

13. How many products were used on this patient: 1 more, how many?

14. Where there any unexpected reactions? no yes, please describe:

15. Have there been difficult conditions? no darkness wet/snow conditions
 others, please describe:

16. Evaluate the opening of the package: easy difficult Comment:

17. After how many hours was SpeedM[®] removed from the wound?

18. Evaluate the removal of SpeedM[®] from the wound:
(e.g. sticking, rebleeding, painless removal, rinsing solution)
