

PIP IMPLANT ANALYSIS

Symptom Survey

www.pipactioncampaign.org

Name	
Date of Birth	
Original PIP Implant Surgery Date	
PIP Implant Removal Surgery Date	
Medical Reason for original surgery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) INTACT PIP Implant for analysis: Size, Model, Lot and Serial Number	
(2) INTACT PIP Implant for analysis: Size, Model, Lot and Serial Number	
Did you experience a rupture?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Contact	

Please indicate symptoms below, if any, while you had PIP implants and following PIP implant removal.

With PIP	AFTER PIP	Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	breast pain or tenderness
<input type="checkbox"/>	<input type="checkbox"/>	fatigue, usually made worse by exercise
<input type="checkbox"/>	<input type="checkbox"/>	cognitive function problems, such as attention deficit disorder, calculation difficulties, memory disturbance, spatial disorientation, frequently saying the wrong word
<input type="checkbox"/>	<input type="checkbox"/>	psychological problems such as depression, anxiety, personality changes, mood swings
<input type="checkbox"/>	<input type="checkbox"/>	sleep disturbance and non-restorative sleep
<input type="checkbox"/>	<input type="checkbox"/>	headaches of a greater intensity than before implantation
<input type="checkbox"/>	<input type="checkbox"/>	changes in vision
<input type="checkbox"/>	<input type="checkbox"/>	seizures
<input type="checkbox"/>	<input type="checkbox"/>	loss of balance
<input type="checkbox"/>	<input type="checkbox"/>	numbness and tingling
<input type="checkbox"/>	<input type="checkbox"/>	lightheadedness
<input type="checkbox"/>	<input type="checkbox"/>	paralysis
<input type="checkbox"/>	<input type="checkbox"/>	joint and muscle aches and pains

List of Symptoms has been compiled using

[SILICONE INDUCED IMMUNE DYSFUNCTION SYNDROME](#)

Andrew W. Campbell, M.D. Medical Director Center for Immune, Environmental and Toxic Disorders
Houston, TX <http://www.freewebs.com/implants/siliconeimmunedysfunctio.htm>

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<input type="checkbox"/>	<input type="checkbox"/>	shortness of breath
<input type="checkbox"/>	<input type="checkbox"/>	lymph node enlargement
<input type="checkbox"/>	<input type="checkbox"/>	weight gain
<input type="checkbox"/>	<input type="checkbox"/>	low grade fevers
<input type="checkbox"/>	<input type="checkbox"/>	abnormal heart rhythm
<input type="checkbox"/>	<input type="checkbox"/>	hair loss
<input type="checkbox"/>	<input type="checkbox"/>	dry eyes and mouth
<input type="checkbox"/>	<input type="checkbox"/>	frequent canker sores in the mouth
<input type="checkbox"/>	<input type="checkbox"/>	low back pain
<input type="checkbox"/>	<input type="checkbox"/>	skin changes and/or rashes
<input type="checkbox"/>	<input type="checkbox"/>	severe muscular weakness
<input type="checkbox"/>	<input type="checkbox"/>	intolerance of bright lights
<input type="checkbox"/>	<input type="checkbox"/>	intolerance of alcohol
<input type="checkbox"/>	<input type="checkbox"/>	decreased libido
<input type="checkbox"/>	<input type="checkbox"/>	ringing in ears
<input type="checkbox"/>	<input type="checkbox"/>	muscle tremors
<input type="checkbox"/>	<input type="checkbox"/>	recurrent flu-like illnesses
<input type="checkbox"/>	<input type="checkbox"/>	severe allergies
<input type="checkbox"/>	<input type="checkbox"/>	irritable bowel syndrome
<input type="checkbox"/>	<input type="checkbox"/>	night sweats
<input type="checkbox"/>	<input type="checkbox"/>	uncomfortable urination
<input type="checkbox"/>	<input type="checkbox"/>	chest pain
<input type="checkbox"/>	<input type="checkbox"/>	cough
<input type="checkbox"/>	<input type="checkbox"/>	Raynaud's phenomenon
<input type="checkbox"/>	<input type="checkbox"/>	enlarged thyroid
		On physical examination:
<input type="checkbox"/>	<input type="checkbox"/>	hair loss
<input type="checkbox"/>	<input type="checkbox"/>	canker sores in the mouth
<input type="checkbox"/>	<input type="checkbox"/>	breast pain and tenderness
<input type="checkbox"/>	<input type="checkbox"/>	low back pain
<input type="checkbox"/>	<input type="checkbox"/>	thickening of the skin, fingers, and hand
<input type="checkbox"/>	<input type="checkbox"/>	optic neuritis
<input type="checkbox"/>	<input type="checkbox"/>	enlarged thyroid
<input type="checkbox"/>	<input type="checkbox"/>	upper back pain
<input type="checkbox"/>	<input type="checkbox"/>	abdominal pain on palpation

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With PIP	AFTER PIP	Symptoms
<input type="checkbox"/>	<input type="checkbox"/>	muscle pain
<input type="checkbox"/>	<input type="checkbox"/>	photosensitive dermatitis: the skin is affected by exposure to the sun
<input type="checkbox"/>	<input type="checkbox"/>	lymphadenopathy: enlarged lymph glands in the neck, under arm, and groin areas
<input type="checkbox"/>	<input type="checkbox"/>	diffuse petechiae on torso: small red spots on the chest and abdomen
<input type="checkbox"/>	<input type="checkbox"/>	positive Schirmer's test, indicating deficiency of tear formation
<input type="checkbox"/>	<input type="checkbox"/>	reduced range of movement of extremities due to joint pain and stiffness
<input type="checkbox"/>	<input type="checkbox"/>	Raynaud's phenomenon, with cold fingers or toes that can turn white and/or ulcerate
<input type="checkbox"/>	<input type="checkbox"/>	malar or discoid rash: a rash over the cheeks of the face and upper back and chest
<input type="checkbox"/>	<input type="checkbox"/>	migration of the implant, usually laterally, and superiorly, unilateral or bilateral
<input type="checkbox"/>	<input type="checkbox"/>	capsule formation, unilateral or bilateral
<input type="checkbox"/>	<input type="checkbox"/>	asymmetrical breasts from unilateral breast rupture, migration of implant, capsule formation, post-surgical complications such as hematoma or infection
<input type="checkbox"/>	<input type="checkbox"/>	livido reticularis :a lace-like pattern on the arms or legs caused by abnormalities of blood vessels
<input type="checkbox"/>	<input type="checkbox"/>	abnormal neurological examination with increased or decreased deep tendon reflexes, and signs of nerve damage.

Please add any symptoms not listed above:

Please detail any medical diagnoses or subsequent PIP implant related surgeries:

Signature: **Date:**

Please send your signed and completed Symptom Survey with your sample for analysis to:

Dr G Beretta PhD

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University of Milan

1st floor, room office # 1066

Via Mangiagalli 25, 20133 Milan, Italy

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