

APPENDIX A

Certificate of Product Destruction for
Protexis Latex Micro Surgical Gloves Field Action - Event-2020-03063

Health Facility Name: _____

Address: _____

This is to certify that the products listed below have been made un-usable and will **not** be physically returned to Cardinal Health. These destroyed products have been disposed of in accordance with local environmental policies.

Part Number	Lot Number	Qty Destroyed (Eaches)

Approval of Destruction Certificate:

Customer Name & Title: _____

Customer Signature: _____

Date: _____