

Customer Account No. and

Urgent Field Safety Notice (Removal) (Event-2020-03063)

Cardinal Health Protexis Latex Micro Surgical Gloves Product Codes 2D72NT55X, 2D72NT60X, 2D72NT65X, 2D72NT70X, 2D72NT75X, 2D72NT80X, 2D72NT85X, 2D72NT90X

Customer Acknowledgement Form

Cardinal Health is issuing a Field Safety Notice due to a degradation defect that was found on Cardinal Health™ PROTEXIS™ Latex Micro Surgical Gloves that could lead to holes and donning tears at the folding area around the cuffs.

This Field Safety Notice applies to eight product codes and various lots, refer to Field Safety Notice table for specific product code and lot information.

Name:				
Customer Contact Name:				
Customer Address:				
Sales Rep No. and Name:				
Sales Rep Contact Details:				
Our records indicate that your facility received product subject to the above field safety notice. Part 1: Letter Acknowledgement (Customer) We are aware of the notification of the above recall and have set aside all remaining units to preclude continued use of the product. We will liaise with our local sales representative to arrange for the return or destruction of the product detailed in Table 1 below. If the product is destroyed at the customer facility, a certificate of destruction (see appendix A) should be provided to the Cardinal Health Sales Representative.				
Name/Signature: (Customer)	Position: (Customer)			
Date: (Customer)				
Please return this completed acknowle	edgement form to your sales representative.			
<u>OR</u>				
Please e mail to GMB-CASHEL-RA@cardinalhealth.com				

Part 2: Letter Acknowledgement (Cardinal Health Representative)

I confirm that the customer has been made aware of the notification of the above recall and that all remaining units impacted by this recall (if any), have been removed from this facility or destroyed at the facility and a certificate of destruction (See appendix A) provided. Refer to Table 1 below for details.

Customer Representative Name/Position or Customer Department	t
Name/Signature: (Cardinal Health Representative)	Position:
Date:	

Table 1

Product Code	Lot Number	Quantity Quarantined	Quantity Returned/Destroyed
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