Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	**2020FSN_Syringes_14363S_25Sep2020**
FSN Date*	**25-09-2020**
Product/ Device name*	**prefilled syringes 0,9 % sodium chloride - saline - STERIFLUSH**
Product Code(s)	**14363S**

Batch/Serial Number (s)

Year 2017	Year 2018	Year 2019	Year 2020
1711437	1801001	1901018	2001035
1712001	1801033	1901056	2001037
1712075	1801097	1901136	2001060
1712077	1801365	1901163	2001061
1712091	1802002	1901214	2001069
1712116	1802025	1901254	2001089
1712122	1802061	1901319	2001118
1712125	1802115	1901341	2001131
1712127	1802116	1901359	2001133
1712134	1802229	1901370	2001161
1712137	1802331	1901386	2001188
1712138	1802396	1901394	2001226
1712144	1803001	1902042	2001250
1712149	1803048	1902105	2001282
1712150	1803249	1902131	2001284
	1804001	1902159	2001329
	1804133	1902202	2001344
	1804209	1902212	2001349
	1804233	1902336	2001365
	1804263	1902371	2001389
	1804269	1902372	2001452
	1804341	1902421	2001460
	1804398	1903064	2002006
	1804433	1903110	2002027
	1804438	1903164	2002045
	1804474	1903232	2002072
	1805036	1904240	2002135
	1805067	1904335	2002160
	1805107	1904347	2002173
	1805149	1905005	2002185
	1805212	1905049	2002206
	1805227	1905092	2002243
	1805291	1905156	2002257
	1805330	1905198	2002279
	1805352	1905255	2002292
	1805378	1905257	2003032
	1805404	1905266	2003285
	1806001	1905320	2004094
	1806014	1905361	2004156
	1806045	1906128	2004179
	1806081	1906202	2004239
	1806115	1906231	2004307
	1806165	1906232	

		1806166	**1906245**	**2004308**
		1806230	**1906246**	**2004311**
		1806253	**1906300**	
		1806304	**1906323**	
		1806306	**1906347**	
		1806358	**1907004**	
		1806402	**1907008**	
		1006444	**1907020**	
		1806484	**1907047**	
		1806502	**1907053**	
		1807001	**1907070**	
		1807019	**1907087**	
		1807063	**1907091**	
		1807173	**1907108**	
		1807219	**1907109**	
		1807288	**1907123**	
		1807300	**1907137**	
		1807309	**1907205**	
		1807357	**1907216**	
		1808001	**1907237**	
		1808168	**1907238**	
		1808181	**1907246**	
		1808235	**190253**	
		1808245	**1907303**	
		1808312	**1907309**	
		1808316	**1907314**	
		1808321	**1907315**	
		1808322	**1907351**	
		1808323	**1907352**	
		1808343	**1907358**	
		1808363	**1907359**	
		1808367	**1907361**	
		1808381	**1907369**	
		1808401	**1907378**	
		1809005	**1907379**	
		1809117	**1907380**	
		1809161	**1907381**	
		1809327	**1908002**	
		1809370	**1908006**	
		1810006	**1908078**	
		1810025	**1908079**	
		1810040	**1908122**	
		1810111	**1908144**	
		1810127	**1908161**	
		1810153	**1908177**	
		1810154	**1908187**	
		1810204	**1908202**	
		1810263	**1908228**	
		1810293	**1908234**	
		1810294	**1909001**	
		1810295	**1909004**	
		1810390	**1909022**	
		1811001	**1909052**	
		1811017	**1909057**	
		1811036	**1909117**	
		1811040	**1909138**	

		1811056 **1811117** **1811177** **1811179** **1811221** **1811262** **1811321** **1811330** **1811362** **1811375** **1811404** **1811422** **1812023** **1812161** **1812174** **1812211** **1812230**	**1909164** **1909185** **1909187** **1909197** **1909204** **1909212** **1909221** **1909222** **1909258** **1909278** **1909310** **1909318** **1910056** **1910057** **1910129** **1910414** **1911108** **1911245** **1911256** **1911299** **1911300** **1911387** **1912027** **1912043** **1912088** **1912089** **1912090** **1912107** **1912126** **1912127** **1912162** **1912166** **1912194** **1912195** **1912237** **1912238**	

2. Customer Details	
Account Number	
Healthcare Organisation Name*	
Organisation Address*	
Department/Unit	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Customer action undertaken on behalf of Healthcare Organisation		
☐	I confirm receipt of the Field Safety Notice and that I read and understood its content*.	

☐	I performed all actions requested by the FSN*.			
☐	The information and required actions have been brought to the attention of all relevant users and executed*.			
☐	I have returned affected devices - enter number of devices returned and date complete.	Qty:	Lot/Serial Number:	Date Returned (DD/MM/YY):
		Qty:	Lot/Serial Number:	Date Returned(DD/MM/YY):
		N/A	Comments:	
☐	I have destroyed affected devices – enter number destroyed and date complete.	Qty:	Lot/Serial Number:	
		Qty	Lot/Serial Number:	
		N/A	Comments:	
☐	No affected devices are available for return/ destruction			
☐	Other Action (Define):			
☐	I do not have any affected devices.			
☐	I have a query please contact me (e.g. need for replacement of the product).			
Print Name*		Customer print name here		
Signature*		Customer sign here		
Date*				

4. Return acknowledgement to sender	
Email	ga-helpdesk@sterisets.eu zoe.scott@fannin.eu
Customer Helpline	
Postal Address	
Web Portal	
Fax	
Deadline for returning the customer reply form*	**03-11-2020**

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.