



FIELD SAFETY NOTICE **CUSTOMER CORRECTIVE ACTION RESPONSE FORM**

PLEASE COMPLETE AND RETURN by Email

Consignee of the device:

Consignee Account No:	
Consignee Name:	
Consignee Address:	

The following products, : AQUACEL™ Extra 15x15cm Dressing have been distributed to your facility:

Invoice #	Sales Order #	Product Code / REF No.	SAP Code	LOT No.	Quantity Delivered (boxes of 5)

Customer action undertaken on behalf of Healthcare Organisation (Tick all that apply)		
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understand its content.	
<input type="checkbox"/>	I performed all actions requested by the FSN.	
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.	
<input type="checkbox"/>	I have checked my stock and quarantined inventory	Add details to Table 1

<input type="checkbox"/>	No affected devices are available for return	
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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.

Table 1. Quarantined Inventory: Record quantity (boxes of 5) for each LOT to be returned.

LOT No.	Units on Hand

FORM Completed and Returned From:

Name (CAPITAL LETTERS):	
Position:	
Company Name:	
Address:	
Phone No:	
Signature:	
Date (dd/mmm/yyyy):	