

ATTACHMENT 1

MEDICAL DEVICE FIELD SAFETY NOTICE RESPONSE FORM

**Level 1® Fast Flow and Irrigation Fluid Warming Systems
Potential for Aluminum Ions to Leach into Warmed Fluids**

Business Name

Address 1

Address 2

Address 3

Address 4

City, State, Postal Code, Country

Please acknowledge receipt of the accompanying Urgent Medical Device Field Safety Notice by completing and returning this Response Form to OUS-Smiths@Sedgwick.com within 10 days. The Response Form must be completed and returned to Smiths Medical's representatives at Sedgwick even if you have no Affected Devices in your possession.

DISTRIBUTORS – Please provide a copy of this Response Form and the accompanying Field Safety Notice to any of your customers to whom you distributed affected devices and complete the For Distributors Only table at the end of page 1.

I certify that I have read and understand the information in the attached Field Safety Notice:

Affected Devices in your Inventory

Product Name	Product Code	Quantity

Name and Title (Please Print)	Signature and Date	Customer Number	Facility Name and Address*
Email Address	Telephone Number		

*If you are submitting a response form for multiple locations, please include the address for each facility you are responding for on the form or in an attachment.

For Distributors Only

I have identified and notified my customers that were shipped or may have been shipped this product

Distributor Name _____

Distributor Address _____

Distributor Email Address/Phone Number _____

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