icumedical
human connections

LETTER OF DESTRUCTION

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PLEASE EMAIL COMPLETED FORM BACK TO: EMEA-Quality@icumed.com

MANUFACTURED BY: ICU MEDICAL, INC

DESTRUCTION REASON: _____

LIST OF ITEMS DESTROYED: _____

Part Number	Lot Number	Quantity	U/M	PO NO.

CUSTOMER NAME: _____

PLACE OF DESTRUCTION: _____

DATE OF DESTRUCTION: _____

METHOD OF DESTRUCTION: ○ BURNING ○ SHREDDING ○ PULPING

○ OTHER:

DESTRUCTION CERTIFIED BY AND OR COMPLETED BY:

Name: _____

Title: _____

Signature: _____

Date: _____

Company Stamp: