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| CUSTOMER ACKNOWLEDGEMENT FORM | Medtronic Limited  Building 9  Croxley Park  Hatters Lane  Watford  Herts  WD18 8WW |
| Please email or fax this form back to Medtronic (even if you do not have affected inventory): rs.regulatoryuk-ire@medtronic.com Before 26th January 2023 | |

**Urgent Field Safety Notice - Recall**

**FA1286: Non-Absorbable Sutures Sterile Barrier Breach**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Contact Details** | | | | | | | |
| Company name: | | | | | Account number (optional): | | |
| Address: | | | | City: | | | Country: |
| * I confirm that I have read and understood the Urgent Field Safety Notice. * I agree to pass on the Urgent Field Safety Notice to all those who need to be aware within our organization or to any organization where the potentially affected products have been transferred. * I have reviewed our inventory, identified, and quarantined all unused affected products in our inventory, and I declare the following: | | | | | | | |
| No affected products are located at our facility. | | Affected products are located at our facility. See below table for details of affected products to be returned to Medtronic. | | | | | |
| **Name (print):** | **Job title**: | | **Date**: | | | **Signature**: | |

Please fill-in the section below only if you have affected stock:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Return Details** | | | | | | | |
| **Invoice or Delivery Note** *(if available)* | | **Item Code** | | **Lot # / Serial #** | | | **Quantity** *(please count units inside of the box)* |
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| ☐ If you have more products to return, tick the box. Please create and send separate attachment with same data. | | | | | | | **Total**: |
| Contact Person at Point of Collection: | | | | | | | |
| Pick-up address / Department *(please provide location details. Eg: collection/accessible area):* | | | | | | | |
| City: | | | | | | Post code: | |
| Pick-up phone number: | | | Pick-up email: | | | | |
| When the product will be ready for pick-up? *(Please allow 2 days for handling your request):* | | | | | | | |
| Opening hours of the pick-up location: | | | | | Dimension LxWxH (in cm): … x … x … | | |
| # Pallets: | # Parcels: | | | Number of parcels weighing over 45 KG: | | | |

* Customer Service will contact you directly to organise return of affected products and credit will be given for returned products.
* Please don’t send the goods back before having received the return documentation.
* Please package goods according to packaging instructions that will be provided upon confirmation & remove all labels from the inbound shipment.