

Field Safety Notice Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	403646
FSN Date*	07/03/2023
Product/ Device name*	Clear-Therm 3 HMEF and combined Catheter Mount derivatives
Product Code(s)	1541000 1541974 1541019
Batch/Serial Number (s)	Ref: 1541000 Lots: 1222605, 1230264 Ref; 1541974 Lots: 1222798, 1230062, 1230176, 1230235 Ref; 1541019 Lot: 1230061

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			
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A	
<input type="checkbox"/>	I performed all actions requested by the FSN.	Customer to complete or enter N/A	
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.	Customer to complete or enter N/A	
<input type="checkbox"/>	I have returned affected	Qty:	Lot/Serial Number: Date Returned (DD/MM/YY):

	devices - enter number of devices returned and date complete.	Qty: N/A	Lot/Serial Number: Comments:	Date Returned(DD/MM/YY):
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete.	Qty: Qty N/A	Lot/Serial Number: Lot/Serial Number: Comments:	
<input type="checkbox"/>	No affected devices are available for return/ destruction	Customer to complete or enter N/A		
<input type="checkbox"/>	Other Action (Define):			
<input type="checkbox"/>	I do not have any affected devices.	Customer to complete or enter N/A		
<input type="checkbox"/>	I have a query please contact me (e.g. need for replacement of the product).	Customer to enter contact details if different from above and brief description of query		
Print Name*		Customer print name here		
Signature*		Customer sign here		
Date*				

4. Return acknowledgement to sender	
Email	priority@intersurgical.co.uk
Customer Helpline	N/A
Postal Address	Intersurgical Ltd., Crane House, Molly Millars Lane, Wokingham, Berkshire, RG41 2RZ
Web Portal	N/A
Fax	0118 9656 356
Deadline for returning the customer reply form*	07/04/2023

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.

