

## LETTER OF DESTRUCTION

Hofspoor 3 3994 VZ Houten The Netherlands www.icumed.com

PLEASE EMAIL COMPLETED FORM BACK TO: <u>EMEA-Quality@icumed.com</u>

MANUFACTURED BY:	Smiths Medical
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:			
	Signature:		_
	Date:		_
Co	ompany Stamp:		