

**LETTER OF DESTRUCTION**

PLEASE EMAIL COMPLETED FORM BACK TO: [EMA-Quality@icumed.com](mailto:EMA-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: