MEDICAL DEVICE RECALL

# VERIFICATION FORM

**PLEASE COMPLETE THIS FORM IN ITS ENTIRETY**

|  |
| --- |
| Healthcare 21 Contact Details |
| Contact Name | Kinga Jurusik  |
| Address | Healthcare 21Unit B1-B2 Bond CloseKingsland Business ParkBasingstoke, HampshireRG24 8PZ |
| Telephone |  + 44 1256 306 506 |
| Fax: | + 44 1256 365 486 |
| E-mail | compliance@hc21.group |

Please list the quantity of affected product at your facility, if you have no inventory, please tick the box below.

No Inventory (Please check): 

|  |  |  |  |
| --- | --- | --- | --- |
| Item Code | Invoice/Despatch/PO number | Serial Number | Quantity to be returned |
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Please complete this form and return it to **Healthcare 21** even if you have no affected inventory

Information for the courier:

Number of parcels to collect:

Weight:  < 45kg  > 45kg

By signing this form, I confirm that I have read and understand the Recall from Taewoong R2024-02**:** BRxxxxW, Niti-S Tracheobronchial Uncovered Stent

Collection Details

|  |  |  |
| --- | --- | --- |
| Customer Name (please print) | Signature | Date |
|  |  |  |

|  |  |
| --- | --- |
| Hospital Name |  |
| Contact Name (for collection) |  |
| Department (for collection) |  |
| Address |  |
| Post Code |  |
| Phone number |  |
| E-mail |  |

* Please fax or email this form back to Healthcare 21 within 10 days using the contact details referenced at the top of this form.
* Compliance or 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.