

Form "Product Response Form"

Document name Document Date Process Owner Rev. nr. QMS Change nr. Part of TSCI-..... TSCI-P-40

URGENT

Customer / hospit	tal		
Location			
I have checked ou	ur inventory:		
Fluido® Trauma s	set		
This search revea	led that the foll	lowing numbers are on stock	κ:
REF	LOT	Quantity of products received	Quantity present
671500			
I will see to it tha	t:		
The present p	products are blo	cked and will not be used	
All products a		tributor pick-up.	
• Pick-up a	ddress	:	
Date of p	ick-up (<u>in week</u>	<u>xx</u>) :	
 Pallet we 	eight & dimensio	ons :	



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Name:		Signature:					
Title:		Date:					
Please complete this Product Response Form and send in return to:							
	TSC C/o Quality	Department					
	Email : <u>quality</u>	wisc-me.com					