**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  |

By signing this form, I confirm that I have read and understand the Recall from Medtronic, Product code 300-000-000 McGrath MAC Video Laryngoscope, FA1424 FP19540

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

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

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 | Serial Number | Total Number to be returned |
| 300-000-000 |  |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
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| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |
| 300-000-000 |  |

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

* 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.