**NHS Supply Chain: IMPORTANT**  

**Reply Form for Cook Medical: FSN ICN 2641**

**Please complete with full details and urgently return via email to recalls.fsn@supplychain.nhs.uk**

**I can confirm we have the following devices unused and quarantined pending further instruction:**

|  |  |  |
| --- | --- | --- |
| **NPC**  | **Lot Number** | **Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**I can confirm that we have used the following devices:**

|  |  |  |  |
| --- | --- | --- | --- |
| **NPC** | **Lot Number** | **Quantity** | **Date used (of Operation)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please complete the below with full details (CAPITALS)**

|  |  |
| --- | --- |
| **Signed:** |  |
| **Full Name:** |  |
| **Job Title:** |  |
| **Trust Name:** |  |
| **Contact Details** |  |
| Email: |  |
| Telephone: |  |

*If you have more devices, then please use additional sheets to detail all affected product.*