

Customer Reply Form

Affected Device: *stay•safe* Disinfection Cap
(article no. 2845091)

FSN: Potential side effects of hypothyroidism and hypersensitivity

Recipients Name: _____
Hospital Name: _____
Postal Code: _____

Please complete for regulatory effectiveness check:

I have read the attached Notification and understand the instructions that I am given:

Signature: _____
Print Name: _____
Date: _____

Please return this customer reply form via one of the following methods:

- Return this signed form to your Fresenius Medical Care Representative

Email the signed form to VigilanceUK@freseniusmedicalcare.com