Medtronic

FA00007 Customer Acknowledgement Form - Response is required
Abre™ Venous Self-Expanding Stent System Partial Stent Deployment Workaround

Please complete this Form in its entirety.

Date: _____

Name of Person Completing this Form: _____

Title:_____

Direct Phone #:_____

Email:_____

Account Name:_____

Account Number:_____

Account Address:_____

City: _____Post Code:_____

Country:_____

I have read and understand the instructions provided and acknowledge receipt of the **notification** regarding the use of the **Abre™ Venous Self-Expanding Stent System** by signing below. I also agree to further distribute and communicate this important information within my facility and to anyone whom I have further distributed **Abre™ Venous Self-Expanding Stent System** as required.

_____	_____	_____
Name: (print)	Signature:	Date:

If you have any questions regarding this notification, please contact your Medtronic sales representative.
PLEASE EMAIL OR FAX THIS ACKNOWLEDGEMENT TO: rs.fsnuki@medtronic.com .