REPLY FORM - QIL 150-017

OLYMPUS URGENT INFORMATIOM ABOUT A MEDICAL DEVICE RECALL

Affected Model: URF-V2/V2R Uretero-reno videoscope
URF-P6/P6R Uretero-reno fiberscope

Serial Numbers - All Serial Numbers manufactured prior to November 2017

I herewith confirm that I have received the Urgent Medical Device Removal and Corrective Action Notice on the URF-V2/V2R Uretero-reno videoscope(s) and/or URF-P6/P6R Uretero-reno fiberscope(s) referenced above.
I understand that I need to inspect my inventory to identify any URF-V2/V2R and URF-P6/P6R models.

Olympus will contact your facility to make arrangements for return of your URF-V2/V2R Uretero-reno videoscope(s) and URF-P6/P6R Uretero-reno fiberscope(s) for the device exchange within the next ten months. You will be provided instructions on returning the URF-V2/V2R and URF-P6/P6R for this exchange.

Please state in the below table all the Serialnumbers of each Model you have available in your facility:

Model Name (e.g. URF-V2)	**Serialnumber**
URF-V2	
URF-V2R	
URF-P6	
URF-P6R	

Facility: (Please do not abbreviate)

_____

Address:

_____

City:

_____

State: _____ Postal Code: _____

Your Name: _____

Your Phone number: _____

Please fax this completed reply form to Olympus at [contact number]