



**Cook Medical Europe**  
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## FIELD ACTION CUSTOMER RESPONSE FORM

Field Action reference no.: 2018FA0004  
Affected devices:

PRODUCT BRAND NAME	CATALOG IDENTIFIER	ORDER NUMBER	LOT NUMBER
StoneBreaker Pneumatic Lithotripter	SBL-KIT1	G52604	All lots
StoneBreaker Exhaust Cap	SBA-EC	G52599	
StoneBreaker Exhaust Line	SBA-EL	G52600	
StoneBreaker Probe Cap	SBA-PC	G52601	
StoneBreaker Sterilization Cap	SBA-SC	G52602	
StoneBreaker CO <sub>2</sub> Cartridge	SBC-10	G52603	
StoneBreaker Single Use Probe	SBP-010500	G52607	
	SBP-010605	G52605	
	SBP-016500	G52606	
	SBP-016605	G52609	
	SBP-020425	G52608	

**Please indicate the following:**

Customer Number: \_\_\_\_\_  
Customer Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, ZIP: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Department: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
(Please Print)

**Please indicate which of the following applies to your facility:**

- None of the affected product remains in our inventory
- We are returning our remaining inventory for credit

\*\*Proforma Invoice Required for Return of Product(s):  Yes  No

**Pick-up / Collection details for return of products:**

Contact Name for Pick-up: \_\_\_\_\_

Address details for Pick-up: \_\_\_\_\_

Phone number / Email address for pick-up \_\_\_\_\_

Total number of boxes for pick-up \_\_\_\_\_  
(Please Print)

**\*\*If you are a distributor, have your customers been notified of this Field Safety Corrective Action?**

Yes  No

If you are returning any affected product, please indicate the part number, lot number and quantity:

Product Part Number	Product Lot Number	Quantity

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed Customer Response Form to by e-mail to [European.FieldAction@cookmedical.com](mailto:European.FieldAction@cookmedical.com) or by fax to + 353 61 334441.