

Confirmation of Receipt – Response Required

URGENT FIELD SAFETY NOTICE Potential for Imprecise Results using VITROS® Chemistry Products PHYT Slides

Please return completed form by **fax** or **scan to PDF** and email so that we can complete our records no later than: **xx-May-2018**

Send to: **Insert name** e-Mail Address: **insert email address** Fax: **Insert number**

Please Confirm

I received the Urgent Field Safety regarding imprecise results that may occur when using VITROS Chemistry Products PHYT Slides, **GEN 16, Coating 0165**.

I understand that I must immediately discontinue using and discard all remaining inventory of in-date product.

Please choose from the following:

- My laboratory uses VITROS PHYT Slides but no longer has any of the affected lots remaining in my inventory.
 My laboratory has VITROS PHYT Slides. I have an affected (in-date) lot and will immediately discard all remaining inventory.

Credits and replacements:

If you have an affected (in-date) lot of VITROS PHYT Slides that must be discarded, please indicate the quantity below. Upon receiving your Confirmation of Receipt form, Ortho will credit your account and/ or expedite a replacement order for the discarded product.

- We are requesting credit only and have discarded the quantity listed below.
 I have discarded the quantity listed below. Please send replacement product for the selections below.

NOTE: Partial sales units (individual cartridges) can only be credited not replaced.

Product Name / GEN/ Coating	Quantity of INDIVIDUAL Cartridges Discarded
VITROS PHYT Slides / GEN 16 / Coating 0165	
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VITROS PHYT Slides / GEN 16 / Coating 0165	

Product Name / GEN/ Coating	Quantity of SALES UNITS Discarded
VITROS PHYT Slides / GEN 16 / Coating 0165	
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One Sales Unit for VITROS PHYT Slides (Product Code 8298671) = 5 cartridges containing 18 slides each (90 slides)

Your signature provides confirmation that you have received and understand this notification.

Your Name: _____ Signature: _____
Required

Phone Number: _____

Date: _____

Your Comments: _____

Your Name and Address

Verify your name and mailing address:

Please complete this section if any of this information has changed

Institution/
Contact Name: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____
e-Mail: _____