URGENT FIELD SAFETY NOTICE

Potential for Unsuppressed Results using VITROS[®] 5600 Integrated Systems

Please	e return completed form by fax or scan to PDF and	d email so that we can complete our records no later than: xx-AUG-2018
Send to: Insert name	e-Mail Address: insert email address	Fax: Insert number
Sellu to. Insert name	Address. Insert email address	Fax. Insert number
Please Confirm	positioning of the sample metering p	tice with information that under specific circumstances, incorrect roboscis on a VITROS 5600 System may cause an insufficient sample Slide without suppressing the potentially incorrect result.
	•	ed in the customer letter and will follow the instructions if I observe for a sample associated with TE1-504 and/or TE1-594 condition codes.
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:		
Institution/	n if any of this information has changed	
Contact Name: Address:		-
City:	State/Prov:	Zip/Postal Code:
Phone:	Fax:	
e-Mail:		