

FSN Ref: 2023-02(02) Date: 22 Feb 2023 FSCA Ref: 2023-02(02)

## **Customer Reply Form**

1. Field Safety Notice (FSN) information					
FSN Reference number			2023-02(02)		
FS	N Date		22 Feb 2023		
Product/ Device name			See Appendix I Product table		
Product Code(s)			See Appendix I Product table		
Batch/Serial Number (s)			See Appendix I Product table		
	Customer Details				
Account Number					
Healthcare Organisation Name*					
Organisation Address*					
Department/Unit					
Shipping address if different to above					
Contact Name*					
Title or Function					
Telephone number*					
Em	ail*				
	3. Customer action undertaken on behalf of Healthcare Organisation				
	I confirm receipt of the Field Safety Notice and that I read and understood its content. I do not have any affected devices.				
	I confirm receipt of the Field Safety Notice and that I read and understood its content. I have quarantined affected devices ready for return - enter number of devices ready for return	Qty:	Lot/Serial Number:		
		Qty:	Lot/Serial Number:		
		Qty:	Lot/Serial Number:		
		Qty:	Lot/Serial Number:		
		Qty:	Lot/Serial Number:		
		N/A	Comments		
Print Name*					
Signature*					
Date*					
	Datama adma la la como de				
4. Return acknowledgement to sender					
Email			vigilance@molnlycke.com		
Customer Helpline			+46 20-79 82 64		
Postal Address			Mölnlycke Health Care, Box 130 80, SE-402 52 Gothenburg, Sweden		



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Fax	+46 31 722 34 00
Deadline for returning the customer reply form*	Within 10 days

Mandatory fields are marked with \*

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.