



**Quarantine product /
Do not sell or distribute**

(Customer communication)

CUSTOMER REPLY FORM related to Product Recall letter dated **XXXXXX** *(to be completed locally)*

PRODUCT NAME NOVALINE

Product code: _____ *(to be completed locally)*

Batch/Serial Number: _____ *(to be completed locally)*

Please complete and return one copy of this form per facility either by fax (Fax : _____) or by e-mail (_____) as confirmation that you have received this notification. A fax cover sheet is not required. *(Can be adapted locally)*.

Facility Name and Address:	
Reply Confirmation Completed By <i>(Please Print)</i> :	
Title <i>(Please print)</i> :	
Email and/or Telephone Number (including Area Code):	

Please check boxes as appropriate: *(to be adapted locally)*

- We do not have any of the affected lots in our inventory.
- We do have the affected lots in our inventory and products have been quarantined.

Please list the quantity of the specific lot(s) to be returned below*:

Product Code	Lot number	Quantity in units to be returned

*You may attach an additional sheet if required.

(Below paragraph to be removed locally if not applicable)

- I would like Baxter to contact my patients and will provide support as needed
- I will contact my home patients directly and will provide information to Baxter as it becomes available.

Your signature below indicates that you have received the attached letter; performed the actions as outlined in the letter as needed; and disseminated this information to staff and other services or facilities as applicable.

Signature/Date: REQUIRED FIELD	<hr style="border: 0; border-top: 1px solid black; width: 100%;"/>
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TO BE COMPLETED BY BAXTER PERSONNEL [*\(Below paragraph to be removed locally if needed\)*](#)

Number of product effectively received:

Justification (if discrepancy):