

## Medical Device Correction

### Acknowledgment and receipt form—response is required

Infant Child Reduced Energy Electrodes

Customers must complete the form even if you do not have inventory.

<b>Customer information</b>	
Customer name _____	
Name of person completing this form _____	Title _____
Direct phone # _____	Email _____
Address _____	City _____ State _____ Zip code _____
Country _____	

If affected inventory, please provide information below. Attach additional sheet if needed.

Part number	Quantity destroyed (each)

No affected product in inventory (please check)

I have read and understand the instructions provided and acknowledge receipt of the Medical Device Correction notification regarding the Infant Child Reduced Energy Electrodes by signing below. I also agree to further distribute and communicate this important information from this letter to those whom I have distributed any of the Infant Child Reduced Energy Electrodes noted in this letter.

Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this acknowledgement via fax to: +1-866-448-9567