

## Medical Device Correction

### End Customer 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>End 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.

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

**Please return this acknowledgement to your distributor:** \_\_\_\_\_