

LIFEPAK® 15 Monitor/Defibrillator Firmware Impacted Device List

Account #:

Account Name:

Address:

City, State, Zip:

Attention: Medical Device Recall Manager

INSTRUCTIONS

NOTE: This sheet is provided for your convenience to gather the information you will need to enter into our website referenced below. You do not need to submit this sheet back to Stryker once you have entered this information into our website.

1. Go to www.strykeremergency.com/fa281response and click on the link to verify the status of your devices using one of the selections provided in the table below.
 - Check that the serial number(s) listed matches the serial number on the label located on the back of your device.
 - If any serial number listed below does not belong at the account information above, please provide the new address and contact information, if you have it.
2. If you have any additional questions, contact Stryker Customer Support at 1-800-442-1142, option 7, 6:00 A.M. to 4:00 P.M. (Pacific), Monday – Friday.

Serial Number	Currently at facility	Never possessed the device	Device scrapped	Device permanently retired	Device lost or stolen	Device transferred to another location*	*Please provide the new address and new contact information
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	