

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 before calling Stryker Customer Support referenced below.

1. Write down your device serial numbers and verify the status of your devices using one of the selections provided in the table below.
 - The serial number is on the label located on the back of your device.
2. To provide the status of your devices, contact Stryker Customer Support at 1-800-442-1142, option 7, 6:00 A.M. to 4:00 P.M. (Pacific), Monday – Friday.
3. You can also check if other LIFEPAK 15 devices are affected by this Field Action, please go to the following website: <http://www.strykeremergencycare.com/productnotices>

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"/>	