

CUSTOMER REPLY FORM
Product Recall letter dated 26th May 2021
Product Name: See Annex 1: Affected Product Table
Product code: See Annex 1: Affected Product Table
Lot numbers: See Annex 1: Affected Product Table

Please complete and return one copy of this form per facility either by fax (Fax : 01635 206034) or by e-mail (UK_SHS_FCA@baxter.com) as confirmation that you have received this notification.

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:

- 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.

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, other services or facilities and home patients as applicable.

Signature/Date: REQUIRED FIELD	
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