

CONFIRMATION FORM

PLEASE COMPLETE AND RETURN THIS FORM TO:

....., Global Product Complaints Manager
Mölnlycke Health Care,
Box 130 80, SE-402 52
Gothenburg, Sweden

Fax +46 31 722 34 00
E-mail: vigilance@molnlyck.ecom

Ref - 50064341

| Product code | Batch/LOT | Quantitv Quarantined (pieces/travs) |
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I have read this Field Safety Notice, understand the actions required and have acted accordingly.
If you area distributor: I return the completed confirmation form and by that ensure that the end users have received the Field Safety Notice and acted accordingly.

PLEASE COMPLETE ALL SECTIONS

NAME : _____

POSITION :

HOSPITAL/INSTITUTE: - - - - -

SERVICE/ DEPARTMENT: - - - - -

CITY : _ _ _ _ _ POSTCODE/ ZIP :- - - - -

COUNTRY : _ _ _ _ _

HOSPITAL CONTACT TELEPHONE NUMBER: - - - - -

EMAIL ADDRESS = _ _ _ _ _

UPLIFT ADDRESS IF APPLICABLE: - - - - -

SIGNATURE: _ _ _ _ _

DATE :