

Confirmation of Receipt – Response Required

Communication ID: CL2020-275_EU

Date of Issue: 2020-12-xx

URGENT FIELD SAFETY NOTICE

ORTHO VISION® and ORTHO VISION® Max Analyzer Software Versions 5.12.8 and 5.13.0: Pipetting Error

Please return this completed form by **fax** or **scan to PDF** and email so that we can complete our records no later than:

DD-DEC-2020

Send to: **Name**

e-Mail Address: **email address**

Fax: **Fax Number**

Your Name and Address

Verify your name and mailing address:

Please complete this section if any of this information has changed

Institution/

Contact Name: _____

Address: _____

City: _____

State/Prov: _____

Zip/Postal Code: _____

Phone: _____

Fax: _____

e-Mail: _____

Please Confirm

I received and understand the Urgent Field Safety Notice regarding a software anomaly on ORTHO VISION/ORTHO VISION Max Analyzers that may cause flushing of the Pipette in a reagent vial after the Pipette arm (PIPA) exits IDLE mode.

I will follow the instructions provided in the communication regarding both how to prevent the anomaly from occurring and what steps to perform if the anomaly may have occurred.

Print Name: _____

Phone Number: _____

Date: _____

Your Comments: _____

Signature:

Required
Your signature confirms
that you have received
and understand this
communication