

Recall/Field Safety Notice Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number*	455675
FSN Date*	26/09/2024
Product/ Device name*	Flextube Resus Breathing Systems, Neopuff
Product Code(s)	6431002, 6432000, 6432001, 6432002, 6433000
Batch/Serial Number (s)	32400028 32400306 32400567 32400797 32401191 32401580 32401900 32401903 32401971 32402073 32402162 32402626 32403853 32404419 32404497 32404565 32405021 32405255 32406256 32406258 32406864 32407341 32407377 32407649 32407909 32408160 32408388 32408457 32408788 32410623

2. Customer Details	
Account Number	
Healthcare Organisation Name*	
Organisation Address*	
Department/Unit	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Customer action undertaken on behalf of Healthcare Organisation		
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.	Customer to complete or enter N/A
<input type="checkbox"/>	Other Action (Define):	
Print Name*	Customer print name here	
Signature*	Customer sign here	

Date*	
4. Return acknowledgement to sender	
Email	
Customer Helpline	
Postal Address	
Web Portal	
Fax	
Deadline for returning the customer reply form*	Immediately on receipt of this FSN and ongoing until no affected stock listed in this FSN is remaining.

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.
 Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.