## FIELD SAFETY NOTICE CUSTOMER REPLY FORM

Mandatory fields are marked with \*

(FSN) information
S02461
2020-03-16
REAL 9000 PLUS series
See FSN for details
See FSN for details
dertaken on behalf of Healthcare Organisation
Comments:
Comments:
Comments:



	I have returned affected devices - enter number of devices returned and date complete.	Qty:	Lot/Serial Number:	Date Returned (DD/MM/YY):	
		Comments:			
	I have destroyed affected devices – enter number destroyed and date complete.	Qty:	Lot/Serial Number:	Date Destroyed (DD/MM/YY):	
		Comments:			
	No affected devices are available for return/destruction.	Comments:			
	Other action (define).	Comments:			
	I do not have any affected devices.	Comments:			
	I have a query please contact me.	Brief description of query and contact details if different from above:			
Print Name *					
Signature *					
Date *					

## 4. Return acknowledgement to Mercado Medic AB

Email: vigilance@mercado.se

Customer service: +46 (0)8-555 143 00

Deadline for returning the customer reply form: 2020-10-01

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.

