

APPLIED MEDICAL
VOLUNTARY RECALL NOTIFICATION

Date: _____
Hospital name: _____
Address: _____
City: _____
Postal Code: _____
For the attention of _____
Department _____

Applied Medical is conducting a voluntary recall of the 15mm Separator[®] access systems, models **C0604**, **C0605** due to the potential inability to insufflate through the stopcock.

PLEASE RETURN THE FOLLOWING PRODUCT TO APPLIED MEDICAL.

Model Number	Description	Product/Kit Batch Number
C0604	15x100mm Non-Threaded Separator System, 6/Box	1061480, 1061127, 1060184, 1058796, 1058108, 1056578, 1056709, 1054094, 1054837
C0605	15x100mm Threaded Separator System, 6/Box	1061115, 1058102, 1057096

Also, please complete the attached Recall Notification Confirmation Form and fax to Monique Albinus at 0800 876 6883

We apologize for any inconvenience. Both our Sales executives and Customer Service representatives will be happy to help you with this product recall.

If you have any questions, please contact me at [07917335455](tel:07917335455) or by e-mail at glaws@appliedmedical.com or Jacqui Longley Clinical Development Manager at jlongley@appliedmedical.com. Your immediate attention is appreciated.

Sincerely,

Gordon Laws
Sales Manager UK
Applied Medical UK Ltd
Tower 42
Level 23
Old Broad Street
London EC2N 1HG
United Kingdom
Free phone number 0800 876 6882
Free fax number 0800 876 6883

VOLUNTARY RECALL NOTIFICATION CONFIRMATION FORM

PLEASE COMPLETE THIS FORM AND FAX TO:

Fax: 0800 876 6883

Attention: Monique Albinus

Product Model _____; Lot _____

Description: _____

Customer / Hospital: _____

Address: _____

Number of units being returned: _____

If no products are being returned, please check here:

PLEASE RETURN THE 15mm SEPARATOR[®] ACCESS SYSTEMS IMMEDIATELY.

A pick up of the products will be arranged by our Customer Service team after receiving the form.

Your local Sales executive, telephone number..... will be in contact with you shortly to arrange a replacement product free of charge

Please write the RGA #, _____ on the outside of the package, which will be given to you by our Customer Service Department

Individual completing this form (please print):

Name: _____

Title: _____

Date: _____ Telephone _____

Fax: _____

Applied Medical account number: _____

If you have any questions about this form or how to return the product, please contact:

Gordon Laws
Sales Manager UK
Applied Medical UK Ltd.
Tower 42
Level 23
Old Broad Street
London EC2N 1HG
United Kingdom
Tel 0791 733 5455