URGENT FIELD SAFETY CORRECTIVE ACTION (EMEA07279)
MAXTER ENTRAL* ENFit® NASOGASTRIC (NG) FEEDING TUBES

Annex 1: Recall Customer Response Form

Please complete this form and FAX to No: +353-1-4287776, or email to recall@uniphar.ie **within 5 business days of receipt.**

Using the following table please indicate which Product Reference Numbers of the impacted devices remain in your Distribution Inventory along with quantities of each. If your facility does not have remaining inventory for any specific Reference Number category, enter zero (0) in the corresponding row.

Maxter Product Reference Numbers	**Enter Each Reference Number and Quantity Quarantined** (e.g. *NST#- ## = 12 units or enter "0" if none remaining, and please indicate if the quantity mentioned is in units, box or carton)*	
	Units	**Cases**

Please return this form duly completed and signed to the above fax number as soon as possible. We expressly point out that the reply is mandatory, as the competent authority can request proof of the whereabouts of the goods in individual cases.

Your Halyard Health representative will contact you after reception of this form duly completed and can provide you additional details regarding return of ENTRAL* Neonates and Paediatric Nasogastric Feeding Catheters with ENFit® Connector and future availability of corrected product.

[ ] I certify that this Partner facility has read and understood the information provided in this Field Safety Notice and will distribute this Notice to customers who were shipped any of the impacted ENTRAL* Neonates and Paediatric Nasogastric Feeding Catheters with ENFit® Connector.

Facility Information	**Contact Person Completing Form**
(Partner Name)	(Name/Signature of Person Completing Form)
(Partner Address)	(Phone Number)