



Customer Acknowledgement Form – Event-2020-03257

**Cardinal Health Protexis Latex Micro Surgical Gloves
Product Codes 2D72NT55X, 2D72NT60X, 2D72NT65X, 2D72NT70X, 2D72NT75X,
2D72NT80X, 2D72NT85X, 2D72NT90X**

Cardinal Health has issued a Field Safety Notice due to a degradation defect that was found on Cardinal Health™ PROTEXIS™ Latex Micro Surgical Gloves that could lead to holes and donning tears at the folding area around the cuffs.

This Field Safety Notice applies to eight product codes and various lots, refer to Field Safety Notice table for specific product code and lot information.

Customer Account No. and Name:	
Customer Contact Name:	
Customer Address:	
Sales Rep No. and Name:	
Sales Rep Contact Details:	

Our records indicate that your facility received product subject to the above field safety notice.

Part 1: Letter Acknowledgement (Customer)

We are aware of the notification of the above field safety notice and are aware of the additional inspection requirements.

Name/Signature: (Customer)

Position: (Customer)

Contact Phone Number: (Customer)

Date:

Please return this completed acknowledgement form to your sales representative as per contact details above.

OR

Part 2: Letter Acknowledgement (Cardinal Health Representative)

I confirm that the customer has been made aware of the notification of the above Field Safety Notice.

Name/Signature:
(Cardinal Health Representative)

Position:

Contact Phone Number:
(Cardinal Health Representative)

Date: