



Please complete this form even if you do not have any remaining product and send to EDI at Fax Number 1-888-444-5754 or by e-mail at quality@drugcheck.com.

Customer Verification Form

URGENT MEDICAL DEVICE RECALL

1. We acknowledge receipt of the EDI'S URGENT MEDICAL DEVICE RECALL notice dated 25th March 2016, for the product referenced in this letter.
2. We confirm that all areas where the product could be located have been checked.
3. SELECT ALL STATEMENTS THAT APPLY

The following has been verified:

- We do not have any affected product.
- We are returning the product(s) listed in the table below (attach additional list if needed). Please document the product number, lot number, quantity to be returned for replacement, and the unit of measure.

