## **Customer Reply Form**

1. Field Safety Notice (FSN) information						
FSN	Reference number*		AC-FSN-03			
FSN Date*			15-02-2021			
Product/ Device name*			Revolax			
Product Code(s)			NA			
Batch	/Serial Number (s)					
2 C	ustomor Dotails					
2. Customer Details Account Number						
Healthcare Organisation Name*						
	nisation Address*					
	rtment/Unit					
		2) (0				
	oing address if different to aboact Name*	JVE				
	or Function					
<u> </u>	hone number*					
Email						
EIIIali						
3. C	ustomer action undertaken	on behalf	of Healthcare Organ	isation		
	I confirm receipt of the		complete or enter N/A			
ш	Field Safety Notice and					
	that I read and					
	understood its content.					
	I performed all actions	Customer to complete or enter N/A				
ш	requested by the FSN.					
1.54.55.55.57						
	The information and	Customer to complete or enter N/A				
ш	required actions have					
	been brought to the					
	attention of all relevant					
	users and executed.					
	I have returned affected	Qty:	Lot/Serial Number:	Date Returned (DD/MM/YY):		
	devices - enter number of	Otra	Lat/Oarial Namelaan	Data Datama al/DD/MMM/AAA		
	devices returned and date	Qty:	Lot/Serial Number:	Date Returned(DD/MM/YY):		
	complete.	N/A	Comments:	1		
	I have destroyed affected	Qty:	Lot/Serial Number:			
	devices – enter number					
	destroyed and date	Qty	Lot/Serial Number:			
	complete.	N/A	Comments:			
		11/7	Johnnetto.			
	No affected devices are	Customer to	complete or enter N/A			
	available for return/					
	destruction					
	Other Action (Define):					
	` <i>`</i>					

	I do not have any affected	Customer to complete or enter N/A	
	devices.		
	I have a query please	Customer to enter contact details if different from above and brief description of query	
ш	contact me		
	(e.g. need for replacement		
	of the product).		
Print Name*		Customer print name here	
Signature*		Customer sign here	
Date*			

4. Return acknowledgement to Lynam Pharma Limited			
Email	sales@lynampharma.co.uk		
Customer Helpline	00 44 (0) 1296 331655		
Postal Address	4 Bessemer crescent, Rabans Lane, Aylesbury. HP19 8TF		
Web Portal			
Fax			
Deadline for returning the customer reply	25 <sup>th</sup> March 2021		
form*			

Mandatory fields are marked with \*

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.