

## Template for a Field Safety Notice Distributor/Importer Reply Form

### Distributor/Importer Reply Form

<b>1. Field Safety Notice (FSN) information</b>	
FSN Reference number*	Pre-filled by manufacturer
FSN Date*	Pre-filled by manufacturer
Product/ Device name*	Pre-filled by manufacturer
Product Code(s)	1 2 3
Batch/Serial Number (s)	1 2 3

<b>2. Distributor/Importer Details</b>	
Company Name*	
Account Number	
Address*	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

<b>3. Return acknowledgement to Sender</b>	
Email	Pre-filled by manufacturer/sender/requester
Distributor/Importer Helpline	Pre-filled by manufacturer/sender/requester
Postal Address	Pre-filled by manufacturer/sender/requester
Web Portal	Pre-filled by manufacturer/sender/requester
Deadline for returning the Distributor/Importer reply form*	Pre-filled by manufacturer/sender/requester

<b>4. Distributors/Importers (Tick all that apply)</b>		
<input type="checkbox"/>	*I confirm the receipt, the reading and understanding of the Field Safety Notice.	Distributor/Importer to complete or enter N/A
<input type="checkbox"/>	I have checked my stock and quarantined inventory	Distributor/Importer to enter quantity and date
<input type="checkbox"/>	I have identified customers that received or may have received this device	
<input type="checkbox"/>	I have attached customer list	
<input type="checkbox"/>	I have informed the identified customers of this FSN	Date of communication:
<input type="checkbox"/>	I have received confirmation of reply from all identified customers	
<input type="checkbox"/>	I have returned affected devices - enter number of devices returned	Add quantity, Lot/Serial Number/Date Returned (same information as requested by the Customer Reply form)

	and date complete.	
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete.	Add quantity, Lot/Serial Number/Date Returned (same information as requested by the Customer Reply form
<input type="checkbox"/>	Neither I nor any of my customers has any affected devices in inventory	
Print Name*		Distributor/Importer print name here
Signature*		Distributor/Importer sign Here
Date *		

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.