

ATTACHMENT B CORRECTION KIT REQUEST FORM

UPDATE TO OCTOBER 2016 FIELD SAFETY CORRECTIVE ACTION – Formula® Hemodialysis Machines:
Formula®, Formula® 2000, Formula® PLUS, Formula® 2000 PLUS, Formula® Therapy, and Formula® Domus

<i>IMPORTANT:</i> <i>Please provide the following information and return using the telephone number/email below.</i> <i>This data will be used to ship the appropriate number of correction kits to your facility.</i>	
Facility:	
City, Country:	
Number of Formula Hemodialysis Machines configured with Battery Backup	_____ Machines*
Implementation of Correction Based on review of the correction instructions in Attachment C, please indicate the support you may require from the Bellco/Medtronic team.	
<input type="checkbox"/> The technical staff at my facility has been trained and can perform the correction according to the instructions provided. Estimated number of Formula machines that can be serviced per week: _____ Machines	
<input type="checkbox"/> Our facility will require assistance from Bellco/Medtronic's service department to implement this correction.	

*If you prefer to send Formula machine serial numbers, attach a listing OR complete Attachment E WITHOUT signature (that would certify completion of the correction).

The right therapy way

**PLEASE FAX THE COMPLETED FORM TO +39 0535 29225 OR
EMAIL TO rs.bellcoformulaservice@medtronic.com**

