

Attachment E CORRECTION ACKNOWLEDGEMENT 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**

**Select and complete the appropriate section according to the type of Formula
Hemodialysis Machines you manage at your facility:**

- Section A: Formula Hemodialysis Machines with Battery Backup (Page 2)**
- Section B: Formula Hemodialysis Machines without Battery Backup (Page3)**

***Note: In cases where your facility has Formula machines with and without battery backup, complete
Sections A & B***

Section A: Formula Hemodialysis Machines with Battery Backup

Correction Confirmation:

My signature confirms that the correction has been implemented, according to **Attachments C**, for the serial numbers listed below and the battery backup is active.

Serial Number of Formula Machine	Serial Number of Replacement Battery Charge Board

Please make copies if supplementary pages are needed to document additional serial numbers.

Name (Print) _____ Signature _____

Date _____

Facility _____ City, Country _____

**PLEASE FAX THE COMPLETED FORM TO +XX XXXX XXXX OR
EMAIL TO XXXXXXXX@medtronic.com**

Section B: Formula Hemodialysis Machines without Battery Backup

Correction Confirmation:

My signature confirms that the correction has been implemented for the serial numbers listed below and the battery charge board has been removed, according to **Attachment D**.

Serial Numbers of Formula Machine

Please make copies if supplementary pages are needed to document additional serial numbers.

Name (Print) _____ Signature _____

Date _____

Facility _____ City, Country _____

**PLEASE FAX THE COMPLETED FORM TO +XX XXXX XXXX OR
EMAIL TO XXXXXXXX@medtronic.com**