**[URGENT: FIELD SAFETY NOTICE / FIELD SAFETY CORRECTIVE ACTION]**

**[URGENT: RECALL - MEDICAL DEVICE CORRECTIVE ACTION]**

**Regarding: Cystoscopy Bridges and Working Inserts - detaching fragments of adhesive**

|  |  |  |
| --- | --- | --- |
| **Model Number** | **Model Description** | **Lot Number(s)** |
| A20975A | Working insert, with ramp, one way | [to be populated] |
| A20976A | Bridge, one way | [to be populated] |
| A20977A | Bridge, two way | [to be populated] |

I have received the [Field Safety Notice ("FSN") / medical device corrective action notice] on the cystoscopy bridges and/or the working insert referenced above. I understand that I need to inspect my inventory and return any affected devices I have identified.

I will contact [the OLYMPUS Customer Care Center / the OLYMPUS Helpdesk / the OLYMPUS Service Center / my local OLYMPUS representative] at [telephone number] to schedule the successive return of all my affected devices for rework/replacement [and to arrange for temporary loan units if applicable].

**Choose either A or B:**

1. \_\_\_\_\_ I checked my inventory and do NOT have any of the affected devices.
2. \_\_\_\_\_ I checked my inventory and I will return the following number of affected devices:

|  |  |  |
| --- | --- | --- |
| **Model Number** | **Lot Number** | **Quantity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Facility / Hospital Name (please do not abbreviate):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code / City: Country:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Title:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send the completed and signed reply form to [Department] at**

**[telefax number] or [e-mail address].**