

Field Safety Notice Customer Reply Form

Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number	CAP-00324 – ClearCanvas RIS/PACS
FSN Date	XX-March-2020
Product/ Device name	ClearCanvas RIS/PACS software
Product Code	SYN-0524
License Key(s)	1 XXXX-XXXX-XXXX-XXXX 2 XXXX-XXXX-XXXX-XXXX 3 XXXX-XXXX-XXXX-XXXX

2. Customer Details	
Healthcare Organisation Name	
Organisation Address	
Department/Unit	
Contact Name	
Title or Function	
Telephone number	
Email	

3. Customer action undertaken on behalf of Healthcare Organisation		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I performed all actions requested by the FSN.
Yes <input type="checkbox"/>	No <input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.
Print Name		
Signature		
Date		

4. Return acknowledgement to sender	
Email	Regulatory@synaptivemedical.com
Deadline for returning the customer reply form	10 business days

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.

Note: Please contact Synaptive's Product Support Field Safety Notice Line at +1 647 243 3111 to request assistance