**Customer Reply Form**

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| 1. **Field Safety Notice (FSN) information**
 |
| FSN Reference number | ECL-FSCA-002\_1\_en\_1 |
| FSN Date | 15 december 2023 |
| Product/ Device name | Incidin Rapid |
| Product Codes and Batch Numbers |

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| Product name | Product SKU |
| Incidin Rapid | 302551030287003040230304197030965803097310309742030974803601440 |

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| 1. **Customer Details**
 |
| Healthcare Organisation Name |  |
| Organisation Address |  |
| Department/Unit |  |
| Shipping address if different to above |  |
| Contact Name |  |
| Title or Function |  |
| Telephone number |  |
| Email |  |

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| 1. **Customer action undertaken on behalf of Healthcare Organisation**
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| 3.1 | 🞏 | I confirm receipt of the Field Safety Notice and that I read and understood its content.  |
| 3.2 | 🞏 | I performed all actions requested by the FSN. |
| 3.3 | 🞏 | The information and required actions have been brought to the attention of all relevant users and executed. |
| 3.4 | 🞏 | For distributors: I have removed the device information from owned channels (ie website, catalogues) and I have stopped the promotion of the device.  |
| 3.5.a\* | 🞏 | I have the following devices on stock (enter number of devices on stock) and I have destroyed the product. |

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| **Product name and REF number** | **Quantity (Packs / Bottles)** |
| Incidin Rapid |
| 3025510 |  |
| 3028700 |  |
| 3040230 |  |
| 3041970 |  |
| 3096580 |  |
| 3097310 |  |
| 3097420 |  |
| 3097480 |  |
| 3601440 |  |

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| 3.5.b\* | 🞏 | I do not have any affected devices.  |
| \*Select one of these two options. |
| Print Name |  |
| Signature |  |
| Date |  |

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| 1. **Return acknowledgement to sender**
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| Email | vigilance@ecolab.com |
| Deadline for returning the customer reply form | 19th January 2024 |

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.