

Medical Surgical Renal Care Solutions 60 Middletown Avenue North Haven, CT 06473 USA www.medtronic.com

## **Consignee Product Retrieval Confirmation Form**

**Urgent: Medical Device Recall** 

Palindrome™ Precision Chronic Hemodialysis Catheters
Palindrome™ Chronic Hemodialysis Catheters
Mahurkar™ Chronic Carbothane Catheters

Account Name:			
Account Number:			
Address:City, State, Zip:			
immediately, even if y			ete all fields below and return all pages
	<u> </u>	<u> </u>	
			edical Device Recall Notification Letter, dated Catheters and taken appropriate action.
Please complete and sign	the form as indicated be	elow and email to <u>rs</u>	.gmbfcamitg@medtronic.com.
Customer Name (Print):(First Name, Last Name)			Date:
	(First Name, Las	st Name)	
Customer Title (Print):			
Customer Signature (ink):			Telephone:
customer signature (ink).			
Email:		<del></del>	
Please fill-in below the qu	antity of product that yo	ou have in your exist	ng stock and will be returning.
Product Number	Lot Number	Qty On-hand to return (units)	RGA# (Contact rs.covidienfeedbackcustomerservice@medtronic.com)
Datum Instructions			
Return Instructions:  • Identify and quarar	ntine all unused affected p	products listed in <b>Appe</b>	ndix 1 of the enclosed Customer Notification.
	•	= =	ienfeedbackcustomerservice@medtronic.com for Return
•	•		an assist you as necessary in initiating the return of this
product.	` '	·	,
Credit or Replacem	ent for the returned affec	ted product will be iss	ued based on the RGA number.
Return all unused a	iffected product(s) in your	inventory to:	
Medtronic, Attn: Fi	eld Returns Dept.		
195 McDermott Ro	ad, North Haven, CT 0647	3 USA.	
Return Goods Authorization (RGA) No.: (please include once received from Customer Service).			
<ul> <li>If purchased from a distributor.</li> </ul>	a distributor, contact your	distributor directly to	arrange for the return of the product back to your

Note: The addressee may continue to receive reminders of this notice until a response is received.