### Customer Acknowledgement Form

**Please complete this form within 3 business days, *even if you do not have any affected stock*.   
*Return via email: qr\_anz@philips.com or fax: 02 99470240 Attn. - Q&R Department.***

On behalf of this organisation, I acknowledge receipt of this notice relating to the above product.

|  |  |  |  |
| --- | --- | --- | --- |
| **Site / Hospital Name:** |  | | |
| **Your Name & Position** |  | | |
| **Your Contact details:**  Phone  Fax  Email address |  | | |
| **Site’s Email Address to send Product Defect Corrections:** |  | | |
| **Signature** |  | **Date** |  |

### Affected Stock

If you have no affected stock, tick this box:

If you have affected stock, please complete the stock details table below.

|  |
| --- |
| List the Devices on site with serial # and software version  Distributed and the actions taken/other relevant details *e.g. All staff was made aware of the required action as stated.* (Attach a separate sheet if required) |

### Other organisations

Has your organisation supplied potentially affected product to any other organisation?

|  |  |  |
| --- | --- | --- |
| **No** | **Yes**  I/we will forward all the recall information to the suppliers/distributors/customers | **Yes**  (please supply names and contact information of the organisations) |