

MINIMAL CONTENTS FOR RECEIPT CONFIRMATION (annex field safety notice – confirm that information was adequately received and understood)

Action identification: _____

Please, fill in this form and resend it for xxxxxx, as prove of field safety notice good reception

General information:

Name: _____

Address: _____

Contact person: _____

Function: _____

If applicable, it can be added some more information that could be useful to evaluate if field safety corrective action was correctly implemented, for instance in case of medical devices recall or destruction it is important to know the number of units in each user and if they have be putted on quarantine.

Signature _____ Date: _____