

**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: \_\_\_\_\_