## Customer acknowledgement form

Please complete this form *even if you do not have any affected stock.*

## URGENT: MEDICAL DEVICE RECALL

## TGA Recall Reference Number: RC-2023-RN-00909-1

## Product name: VariSoft Infusion Sets

**Recalled Product Code, Description and Batch Numbers**

**Product Name: VariSoft Infusion Sets**

|  |  |  |
| --- | --- | --- |
| **Lot Number** | **Item Number** | **Expiry Date** |
| **5388357** | **1002827** | **1-May-2025** |
| **5388368** | **1002830** | **1-May-2025** |
| **5388372** | **1002827** | **1-Jun-2025** |

On behalf of this organisation, I acknowledge receipt of the URGENT MEDICAL DEVICE RECALL dated Oct 2023 relating to the above product.

##### FROM:

|  |  |
| --- | --- |
| Organisation |  |
| Position |  |
| Name |  |
| Email or fax no. |  |
| Telephone no. |  |
| Date |  |
| Signature |  |

##### Affected Stock [Recall]

If you have **no affected** stock, tick this box:

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

|  |  |  |  |
| --- | --- | --- | --- |
| Product | Batch/Lot/Date | Quantity of stock received | Quantity of unused stock subject to recall  (currently in quarantine) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Total affected product |  |  |  |

##### Other organisations

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

X No

Yes I/we will forward all the recall information to the suppliers/distributors/customer

OR

Yes (please supply names and contact information of the organisations)

|  |
| --- |
|  |
|  |

##### Return completed forms by email to:

|  |  |
| --- | --- |
| Name | Rebecca Wargren |
| Position | Operations Manager – Diabetes Division |
| Organisation | Australasian Medical & Scientific LTD |
| Address | 2 McCabe Pl, Chatswood NSW 2067 |
| Email | diabetes@amsl.com.au |
| Subject of email | URGENT: MEDICAL DEVICE RECALL  TGA Recall Reference Number: RC-2023-RN-00909-1  Product name: VariSoft Infusion Sets |
| Telephone no. | 1300 851 056 |