

DRUG RECALL – CUSTOMER REPLY FORM
Type I Recall - URGENT – Dextrose 5% Injection, 250ml
Please reply immediately

Please complete and return this form to the FAX number or EMAIL address listed below as confirmation that you have received this notification.

FAX: 1-877- 821-2108 (A FAX cover sheet is not necessary)

Email: Canada_Product_Complaints@Fresenius-Kabi.com

Facility Name and Address	
Reply Confirmation Completed By: <i>(Please Print Name)</i>	
Title: <i>(Please Print)</i>	
Phone Number: <i>Including Area Code</i>	

Please check one

<input type="checkbox"/>	We have received the above mentioned letter, understand the instructions and have disseminated this information to our staff and to other centers or facilities, as applicable, and have the following quantity of the affected lot in our inventory.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="width: 40%;">Material</th> <th style="width: 20%;">Lot</th> <th style="width: 40%;">Quantity</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">K925511 Dextrose 5% Injection 250ml, Mfr. Std</td> <td style="padding: 5px;">14NB7328</td> <td style="width: 40%;"></td> </tr> </tbody> </table>	Material	Lot	Quantity	K925511 Dextrose 5% Injection 250ml, Mfr. Std	14NB7328	
Material	Lot	Quantity					
K925511 Dextrose 5% Injection 250ml, Mfr. Std	14NB7328						
<input type="checkbox"/>	We have received the above-mentioned letter and have disseminated this information to our staff and to other centers or facilities, as applicable, and DO NOT have any of the listed product/lot in our inventory.						

Signature/Date:

Print Name, Sign and Date