

End-User Acknowledgment

Authorized representative Name: _____

Field safety notice Reference: _____

Field Safety Notice Date: _____

The above fields must be filled out by the Authorized representative.

This acknowledgment confirms the receipt and understanding of the field safety notice for the effected medical device.

1. Acknowledgment of Receipt

I/We, _____ (Name of the individual or organization), confirm that I/we have received the field safety notice dated _____ (date) for the devices mentioned below:

Medical device name	Model Number	Lot number/ Serial Number	Quantity

2. Understanding of Field Safety Notice

I/We understand that this device has received a field safety notice due to _____

(mention the reason in brief). I/We have read and understand the potential risks and implications related to the use of the device as communicated in the notice.

3. Confirmation of Action

Upon receipt of the field safety notice, I/we have taken the following actions (tick as appropriate):

- Ceased use of the device
- Isolated the device to prevent accidental use.
- Communicated the notice to all relevant parties (if applicable)
- Initiated corrective actions as directed (if applicable)
- Other (please specify): _____

4. Cooperation with Further Instructions

I/We agree to cooperate fully with the instructions and procedures as outlined in the field safety notice and by the manufacturer and/or regulatory bodies, including providing necessary information and taking appropriate actions as required.

5. Confirmation

By signing this document, I/we confirm that all the information provided above is accurate to the best of my/our knowledge.

Name: _____

Date: _____

Title/Position: _____

Stamp: _____

Signature: _____