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**Appendix 4 – Field Safety Notice Customer Reply Form (according to the Ref. Ares(2018)5826537 - 14/11/2018)**

|  |  |
| --- | --- |
| **1. Field Safety Notice (FSN) information** | |
| FSN reference number | Pre-filled by manufacturer |
| FSN date | Pre-filled by manufacturer |
| Product / medical device name | Pre-filled by manufacturer |
| Product code(s) |  |
| Batch/serial number(s) |  |

|  |  |
| --- | --- |
| **2. Customer details** | |
| Account number |  |
| Healthcare organization name |  |
| Organization address |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |
| … |  |

…

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