

Customer Reply Form

1. Field Safety Notice (FSN) information						
FSN Reference number*	CAPA-2021-07					
FSN Date*	Original 21/05/2021 – Update 04/08/2021					
Product/ Device name*	Clinell Universal Wipes - Pack of 200					
Product Code(s)	CW200					
Batch/Serial Number (s)	<p>UPDATE UBV303250A, UBV303250B, UBV1032720A & UBV7032720A</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>UBV6032920A</td></tr> <tr><td>UBV1033020A</td></tr> <tr><td>UBV2033020A</td></tr> <tr><td>UBV3033020A</td></tr> <tr><td>UBV4033020A</td></tr> </table>	UBV6032920A	UBV1033020A	UBV2033020A	UBV3033020A	UBV4033020A
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UBV3033020A						
UBV4033020A						

2. Customer Details	
Account Number	
Healthcare Organisation Name*	
Organisation Address*	
Department/Unit	
Shipping address if different to above	
Contact Name*	
Title or Function	
Telephone number*	
Email*	

3. Customer action undertaken on behalf of Healthcare Organisation		
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	Customer to complete or enter N/A
<input type="checkbox"/>	I performed all actions requested by the FSN.	Customer to complete or enter N/A
<input type="checkbox"/>	The information and required actions have been brought to the	Customer to complete or enter N/A

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HP2 7TG, UK.

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gamahealthcare.com



	attention of all relevant users and executed.			
<input type="checkbox"/>	I have returned affected devices - enter number of devices returned and date complete.	Qty:	Lot/Serial Number:	Date Returned (DD/MM/YY):
		Qty:	Lot/Serial Number:	Date Returned(DD/MM/YY):
		N/A	Comments:	
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete.	Qty:	Lot/Serial Number:	
		Qty:	Lot/Serial Number:	
		N/A	Comments:	
<input type="checkbox"/>	No affected devices are available for return/ destruction	Customer to complete or enter N/A		
<input type="checkbox"/>	Other Action (Define):			
<input type="checkbox"/>	I do not have any affected devices.	Customer to complete or enter N/A		
<input type="checkbox"/>	I have a query please contact me (e.g. need for replacement of the product).	Customer to enter contact details if different from above and brief description of query		
Print Name*		Customer print name here		
Signature*		Customer sign here		
Date*				

4. Return acknowledgement to sender	
Email	regulatory@gamahealthcare.com
Customer Helpline	+44 (0) 207 993 0030
Postal Address	GAMA Healthcare Ltd., The Maylands Building, Maylands Avenue, Hemel Hempstead Industrial Estate, Hemel Hempstead, Hertfordshire, HP2 7TG United Kingdom
Web Portal	www.gamahealthcare.com
Fax	N/A
Deadline for returning the customer reply form*	20 th of August, 2021

Mandatory fields are marked with *