

# Recall Acknowledgement & Stock Status Form

MANUFACTURER: Arrow International, Inc.  
PRODUCTS AFFECTED: 5800 series FiberOptix™ and Ultra 8® Catheters CC IAB Catheters

PRODUCT CODES:

IAB-05840-LWS  
IAB-05830- LWS  
IAB-05840-U  
IAB-05830-U  
IAK-05845

Instructions:

1. Please review the attached Urgent Medical Device Recall Letter and the Attachment A listing product lot numbers for affected product.
2. Check for product that may be in inventory against the lot numbers/product codes in Attachment A.
3. List on the form below the product code and quantity that you will be returning to Arrow International. If there are no lots affected by this recall check the box indicating NO PRODUCT TO RETURN.
4. Please check the appropriate box and return this form by Fax to: +919-361-4111.

We have no inventory within the scope of this recall to return.

We have the following affected product at our facility and have **discontinued use and distribution**. We have quarantined the affected product, and will return the following quantities. When the product is received by Arrow International, please (select one):  send replacement or substitute product as previously discussed, or  credit our account.

*Please urgently arrange replacement as all our stocks are affected.*

Product Code	Quantity
IAB-5830 U	14
IAB-5840 U	17
IAB-5830 LWS	
IAB-5840 LWS	
IAK-05845	

Enter Total Number of Lots to be returned here: 10

Return Authorization Number: \_\_\_\_\_ Contact Arrow Customer Service at +919-433-4956 or by email: [tmartinez@teleflexmedical.com](mailto:tmartinez@teleflexmedical.com) for a Return Authorization Number.

*Pauline Tun*

*7/1/2011*

(Print Name)

(Date)

(Signature)

(Telephone Number)

**IDS Services (Malaysia) Sdn Bhd (719-V)**

LiFung Centre

(Institution Name) **Unit 6, Persiaran Perusahaan Seksyen 23,**

**Kawasan Perusahaan Shah Alam,**

(Institution Address) **40300 Shah Alam, Selangor Darul Ehsan, Malaysia.**

**Tel: 603 5541 7748 Fax: 603 5542 1486**

(Institution City, State, Zip)

(Country)

Alternate Mailing Address

(Street Address)

(City, State, Zip)

(Country)

After completing this form please return via fax to: +919-361-4111