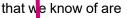
Example Entry of filling out the form

M5071A Adult Pads Recall Confirmation Form

This is the number of pads to be collected that are owned by our facility. Please make sure that the number of countermeasure pads sent to you is correct. If you have any questions, such as a wrong quantity, please contact the Philips AED (HS1) Pad Recall Office.

Information section In addition please return the affected pads and the Recal Confirmation

Please enter only the quantity of the affected pads to be collected that you are sending to us. The pads to be returned can be confirmed in the list of lot numbers to be returned. Please do not include any pads other than those to be affected. If there are no affected pads to be returned, please enter "0 (zero)".



15 pads

Customer Information se

 If you have replaced affec required information in the Please check
when you confirm that you do not have any pads for return other than the quantity indicated in the "Returned Quantity" above. Please check the box even if the "Returned Quantity" is zero.

Required Information	Quantity of pads returned	15 pads
	returned	
	Return verification	We do not have any affected pads other than the Please fill the date when you fill this form
	Date	2023 / JAN / 16
	Organization	General Affairs Please fill your Organization
	Telephone	03-1234-5678 Please fill your phone number
	Signature	Taro Yamamoto - Please fill your name
	Printed Name	

If you have any questions, please call us at the number below.

Inquiries: Philips AED (HS1) Pad Recall Office TEL 0120-143-079 (Weekdays 9:00 a.m. to 5:30 p.m.)

For use by Philips - Company name - Person in charge