

FAX TO: Customer Service
FAX # 800-343-2935

RECALL ACKNOWLEDGEMENT AND STOCK STATUS FORM
Medical Device Recall Concerning Arrow Walrus OR Products
Immediate Attention Requested

Please check the appropriate box and return this form by Fax to the number above.

- We have no inventory within the scope of this recall.
- 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 credit our account.

Return Authorization Number: _____

Please print product numbers clearly.

Product #	Qty (ea)

Product #	Qty (ea)

Print Name/Title

Date

Signature

Institution Name

Address

City, State, Zip Code

Telephone Number

Complete this Acknowledgement Form and immediately fax to Arrow International at the number given above.