



URGENT MEDICAL DEVICE RECALL REISSUED TO INCLUDE ADDITIONAL LOT NUMBERS

Subject: Excelsior Disposable Syringe Heparin Lock Flush, USP Solution Recall
Product Codes: See Attached Customer Reply Form Attachment
Syringe Size: 3 ml Fill in 10 ml Syringe, 4 ml Fill in 10 ml Syringe, 5 ml Fill in 10 ml Syringe
and 6 ml Fill in 10 ml Syringe

Customer Reply Form

Please complete and return this form by FAX at the number listed below as confirmation that you have received this notification. If there is no recalled product at your facility, please mark the appropriate box below and FAX to the number listed below. A fax cover sheet is not required.

Facility Name	
Address	
City / State / Zip Code	
Reply Confirmation Completed By	
Telephone Number	

None of the lot numbers listed on the attachment are remaining at our facility

We understand the contents of the recall letter, have performed the actions as specified in the letter as required and have disseminated this information to our staff and to other services or facilities as applicable.

Signature/Date

General Excelsior Medical Contact Information:

Phone: (800) 487-4276 /Fax: (866) 807-3714

E-mail: recall12@excelsiormedical.com