

Attachment 1

**URGENT FIELD SAFETY NOTICE CONFIRMATION FORM
FOR OMNIFUSE & OMNIFUSE PCA SYRINGE PUMPS**

Please complete and return this Form by Fax to +44 (0) 1582 430001 or by sending an electronic copy via email to Omnifusevib@smiths-medical.com.

Check <u>all</u> applicable boxes below:		
<input type="checkbox"/>	YES - We have Omnifuse Pumps and continue to use these pumps.	Enter total number of Pumps:
<input type="checkbox"/>	NO - We do not have any Omnifuse Pumps.	
<input type="checkbox"/>	We no longer have any Omnifuse Pumps. The Pumps have been transferred to the following location:	
<input type="checkbox"/>	All of our Omnifuse Pumps are no longer in service and have been made inoperable and disposed of.	

Please complete the contact details in full below. This information will be used to mail the updated Operator's Manual when available.

Printed Name: _____

Department: _____

Signature: _____

Date: _____

Facility Name: _____

Facility Address: _____

Shipping Address: _____

Phone Number: _____

Email: _____

Please include area code and extension number if appropriate.