

Urgent Field Safety Notice (Removal) (Event-2019-02623)

**Monoject™ Hypodermic Safety Needles and MonojectTM Bluntfill Needles**

**Customer Acknowledgement Form**

Cardinal Health is recalling (removing) specific production lots (see below) of Monoject™ 3mL Syringe with Hypodermic Safety Needle, Monoject™ Hypodermic Safety Needle, and Monoject™ Bluntfill with Filter due to non-sterile product that was inadvertently shipped to customers.

|  |  |  |
| --- | --- | --- |
| **Item code** | **Item Description** | **Lot No.** |
| 11832215 | Monoject™ 3mL Syringe with Hypodermic Safety Needle, 22G x 1-1/2” | 15072015 |
| 1183005 | Monoject™ Hypodermic Safety Needle 30G x 1/2” | 15063001 |
| 1182558 | Monoject™ Hypodermic Safety Needle 25G x 5/8” | 15063004 |
| 11811022F | Monoject™ Bluntfill with Filter, 18G x 1-1/2” | 15072024 |

|  |  |
| --- | --- |
| **Customer Account No. and Name:** |  |
| **Customer Contact Name:** |  |
| **Customer Address:** |  |
| **Sales Representative No. and Name:** | Dearbhaile McMahon |
| **Sales Rep Contact Details:** | Dearbhaile.mcmahon@cardinalhealth.com |

Our records indicate that your facility may have received product subject to the above product recall.

**Part 1: Letter Acknowledgement (Customer)**

We are aware of the notification of the above recall and have set aside all remaining units to preclude continued use of the product. We will liaise with the sales representative to arrange for the return of the product detailed in Table 1 below.

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Name/Signature: (Customer) Position: (Customer)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: (Customer) Date: (Customer)

Please return this completed acknowledgement form to your sales representative as per contact details above.

**OR**

**Part 2: Letter Acknowledgement (Cardinal Health Representative)**

I confirm that the customer has been made aware of the notification of the above recall and that all remaining units impacted by this recall (if any), have been removed from this facility. Refer to Table 1 below for details.

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Name/Signature: Position:

(Cardinal Health Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: Date:

(Cardinal Health Representative)

**Table 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Product Code** | **Lot Number** | **Quantity Quarantined** | **Quantity Returned** |
| 11832215 | 15072015 |  |  |
| 1183005 | 15063001 |  |  |
| 1182558 | 15063004 |  |  |
| 11811022F | 15072024 |  |  |
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