ATTACHMENT 2

STATUS DECLARATION ON RECALL PRODUCTS

Please complete this template and return to:

<Name of local 3M Office>
<address>
<postcode> <city>

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And the second of the second of

Phone: XXXX Fax: XXXX

Reference no.	LOT	Identified quantity
Name:		
Position:		
Signature:		
Signature:		
1 / 0 + 0 :		

Hospital / Institute:_____