

	(If yes, form attached specifying deadline for return)	
3.	3. Action Being Taken by the Manufacturer <input type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change <input checked="" type="checkbox"/> Other <input type="checkbox"/> None All affected customers have been informed and instructed. The issue does not occur anymore.	

4. General Information*		
4.	1. FSN Type*	New
4.	2. Further advice or information already expected in follow-up FSN? *	No
4.	3. The Competent (Regulatory) Authority of your country has been informed about this communication to customers.	

	Transmission of this Field Safety Notice
	<p>This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)</p> <p>Please transfer this notice to other organisations on which this action has an impact. (As appropriate)</p> <p>Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.</p> <p>Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback..*</p>