



Field Action Customer Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number	2025FA0003
FSN Date	12 May 2025
Product/Device name	Cook Beacon® Tip 5.0 Fr Angiographic Catheter
Product Part Number(s)	Please refer to Attachment 1 – Product Information Table for information on the impacted devices.
Batch/Serial Number(s)	Please refer to Attachment 1 – Product Information Table for information on the impacted devices.

2. Customer Details	
Account Number	
Healthcare Organisation Name	
Organisation Address	
Contact Name	
Title or Function	
Telephone number	
Email	



3. Customer action undertaken on behalf of Healthcare Organisation		
Please mark boxes below to indicate actions have been completed. If action is not applicable, please write N/A in the column on the right.		
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.	
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.	
<input type="checkbox"/>	I have affected devices to return to Cook Medical – enter lot numbers and quantities in the table below.	
<input type="checkbox"/>	No affected devices remain in our organisation's inventory.	
Print Name		
Signature		
Date		

4. Return acknowledgement to sender	
Email	European.FieldAction@CookMedical.com
Fax	+ 353 61 239294
Deadline for returning the customer reply form	Please return this form within 5 business days of receipt, even if you do not have any of the affected devices.
Customer Helpline	Please refer to the attached Country Contacts List

If you are returning any affected devices, please indicate the part number, lot number and quantity:

Product Part Number	Product Lot Number	Quantity



It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.