

**FIELD SAFETY NOTICE RESPONSE FORM**  
**Thermo Fisher Scientific 981813 Cholesterol**  
**QARA-INFO-44**

☐ I confirm I have read, understand, and taken action according to the attached Medical Device Field Safety Notice instructions.

☐ I understand that this applies to the medical device listed in Table 1 that I have received.

Product Name	Catalog Number	Lot Number	Expiration Date (DD.MM.YYYY)	UDI
Cholesterol	981813	WB28 WA26	31.03.2025 31.03.2025	(01)16438153818134(17)250331(10)WB28 (01)16438153818134(17)250331(10)WA26

Do you have any knowledge of adverse medical events associated with the products listed in this Medical Device Field Safety Notice?

☐ Yes ☐ No

If yes, please

explain: \_\_\_\_\_

and Contact: [system.support.fi@thermofisher.com](mailto:system.support.fi@thermofisher.com)

**For Distributors Only:**

☐ We have identified and notified my customers that were delivered this product. We will monitor and ensure customers have taken action.

Notification to local Regulatory Agency:

☐ We have notified our local authority and will provide report to [vigilance.clinical.fi@thermofisher.com](mailto:vigilance.clinical.fi@thermofisher.com) if requested.

☐ We are not required to report to our local authority.

**PLEASE RETURN COMPLETED AND SIGNED FORM TO EMAIL WITHIN 10 DAYS UPON RECEIPT:** [vigilance.clinical.fi@thermofisher.com](mailto:vigilance.clinical.fi@thermofisher.com)

<b>Name/Title:</b>	
<b>Date:</b>	
<b>Company/Institute:</b>	
<b>Phone:</b>	
<b>Email:</b>	
<b>Signature:</b>	

It is important that your organization takes action as detailed in this letter and also replies without delay by using this response form. Your reply is evidence, which Thermo Fisher Scientific and Regulatory Authorities need to monitor the progress.