

# VOLUNTARY RECALL: SAM XT EXTREMITY TOURNIQUET

## Distributor Recall Response Form

I have received the SAM XT Extremity Tourniquet (SAM XT) Recall Notification from SAM Medical and understand the instructions provided for the return of Affected Product.

**YES**       **NO**

Have there been any reported complaints or Adverse Event reports associated with the recalled product?

**YES**       **NO**

If **YES**, please provide details:

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### Affected Product Information:

PRODUCT	SAM PART NO.	QTY. IN POSSESSION	QTY. RETURNED	QTY. USED IN TRAINING OR DISCARDED	QTY. FURTHER DISTRIBUTED
SAM XT Extremity Tourniquet Tactical Black	SAM XT-M				
SAM XT Extremity Tourniquet Hi-Viz Orange	SAM XT-C				
SAM XT Extremity Tourniquet Hi-Viz Blue	SAM XT-B				

**Distributor:** Please check all that apply:

- I have checked my inventory and have removed affected product from sellable stocks.
- I have identified customers that were sold SAM XT Extremity Tourniquets and provided them with the Recall Notification.
- Please have Distributor Customer Service contact me.

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**SIGNATURE**

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**DATE**

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**NAME**

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**COMPANY**

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**PHONE**

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**EMAIL**

**PLEASE RETURN THIS RECALL RESPONSE IN THE PROVIDED ENVELOPE, FAX OR EMAIL TO THE DISTRIBUTION CHANNEL REPRESENTATIVE.** Thank you for your assistance in performing the Recall, we apologize for the inconvenience.