

VOLUNTARY RECALL: SAM XT EXTREMITY TOURNIQUET

Sub-Distributor / Direct Customer Recall Response Form

I have received the SAM XT Extremity Tourniquet (SAM XT) Recall Notification from a Distributor or 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:

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				

Sub-Distributor / Direct Customer: Please check all that apply:

- I purchased a SAM XT Extremity Tourniquet from a Distributor or SAM Medical directly and have removed the affected product from use.
- I am an end user and understand the affected product should not be used in a clinical situation.

SIGNATURE

DATE

NAME

PHONE

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.