EXHIBIT A

PRODUCT RECALL WARNING NOTICE

TO: __________________________ DATE: __________________________

IMPORTANT! READ IMMEDIATELY! (SECTION A - TO BE COMPLETED BY RECALL COORDINATOR)

1. The Food and Drug Administration and/or the manufacturer has:

( ) recalled ( ) sent a warning notice regarding the following:
( ) drug ( ) med/surgical supply ( ) device ( ) equipment.

Description ___________________________________________________________

Brand __________________________ Manufacturer __________________________

Unit of issue/dose __________________________ Product Number __________________________

Lot Number __________________________ UCID and/or Serial Number __________________________

Reason for recall/warning _____________________________________________

2. It is necessary that you check your area of responsibility for the item(s) and:

( ) clearly mark and quarantine the item(s) under recall to ensure that the items will not be used.
( ) immediately notify the Recall Coord, Ext. 3082, that you have located the item(s) described above
( ) return the item(s) with a copy of this form and shipping memo to __________________________

If you have any questions, please call the Recall Coordinator on Extension 3082.

(SECTION B - TO BE COMPLETED BY DEPARTMENT) FILL OUT IMMEDIATELY!

1. ( ) this item is in our stock in the following quantities __________________________

2. ( ) this item has been quarantined for further disposition. Please call __________________________ at extension __________________________

3. ( ) this item is not in our area.
### Product Recall Warning Notice

**Name of person completing form (print or type)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Mail Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Extension</th>
</tr>
</thead>
<tbody>
<tr>
<td>__________________________</td>
<td>__________________________</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

Original – Return to Recall Coordinator  
Copy 1 – Post for On Week  
Copy 2 – Retain for File  
Retention Period: 5 Years