EXHIBIT A

PRODUCT RECALL WARNING NOTICE

TO: __________________________ DATE: __________________________

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

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.

Name of person completing form (print or type)

__________________________________ ______________________________ ____________
Name Department Mail Code

__________________________________ ______________________________ ____________
Signature Date Extension

Original - Return to Recall Coordinator
Copy 1 – Post for one week
Copy 2 – Retain for File
Retention Period: 5 years