



**Product Replacement Form for
Urgent Medical Device Recall Amendment for Healthcare Professionals
Stop Using Affected Test Strips/Unaffected Test Strips Now Available
(Urgent Medical Device Recall Amendment TP-00454)**

Complete the information below and **fax this form to 1-888-627-2279 or email to Roche3866@stericycle.com within three days after receipt of this communication.**

Enter the quantity of affected test strip vials you are discarding in the table below. *By signing this form, you are confirming that the quantity listed below is an accurate count of affected test strip vials in your inventory for which you are requesting replacement, and agree that affected product will be discarded and not sold or distributed to customers or other third parties.*

Product	Catalog Numbers	Affected Lot Number Range	Number of New Replacement Vials Needed to Replace Your Affected Vials
CoaguChek® XS PT Test 2x24 Strips	04625315160	27216700 through 33449899	
CoaguChek XS PT Test, 6 Strips	04625374160		
CoaguChek XS PT Test 24 Tests USA	07797826160		

The customer information section below *must* be completed.

Account Name:	
Account No. Used for Ordering:	P.O. Number, if required:
Address:	Date:
Telephone Number:	Email Address:
Distributor(s) you purchased the affected strips from (if applicable):	
Printed Name:	Customer Signature:

COAGUCHEK is a trademark of Roche.

Fax to:
1-888-627-2279

email to:
Roche3866@stericycle.com