Appendix B

HeartSine samaritan® PAD (Public Access Defibrillator) 350P/360P/450P/500P

Attn: XXXXX
Recall Number: PR3224192-FA305
March XX, 2024

Affected Products:

Product Description	Serial Numbers
SAM 350P SAM 360P SAM 450P	Device serial numbers consist of a 2-digit prefix, device model code and 8-digit serial number string. Please see Appendix A for instructions on identifying your device Serial Number. The prefix (device identifier) consists of the manufacturing year (**YY**) and the device model (**D, E, or G**). See example below: **16D00001234** Devices affected by this notification begin with the following prefixes and device codes: 16D, 16E, 16G 17D, 17E, 17G 18D, 18E, 18G 19D, 19E, 19G 20D, 20E, 20G 21D, 21E, 21G 22D, 22E, 22G 23D, 23E, 23G 24D, 24E, 24G

Response is required: Please complete and sign this form. Return the completed form by email to RSRecall@stryker.com by **April XX, 2024**

Please indicate how many affected devices you have: _____

Did you power cycle your device(s) and check for the presence of audio prompts: _____ YES _____ NO

Did your device(s) deliver audio prompts: _____ YES _____ NO

Will you carry out the check in *Appendix A,* Step 6 – Step 8, once every three months? _____ YES _____ NO

Have you further distributed any affected product: _____ YES _____ NO
Please send an email to RSRecall@stryker.com notifying Stryker of further distribution. Stryker will work with you to ensure recipients are notified appropriately.

Form completed by:

Printed Name		**Title**	
Signature		**Phone**	
Date		**Email**	

Note: Your signature indicates that you have received and understand the enclosed notification and that you have performed all actions requested.