

ATTACHMENT 2

RECALL RESPONSE FORM

Page 1 of 2

**Leukotrap® SC RC Leukocyte Reduction Filtration System
Product Codes 430-41, 430-50 and BPFB
Lot Numbers Listed on Attachment 1**

To provide a high level of assurance for quality and safety, your assistance in this voluntary recall is both appreciated and necessary. Thank you for your assistance in providing the information below. Once you have completed all of the required information below, please send the completed form to Pall Medical by **Fax to (516) 484 – 3672.**

If you need assistance in completing the form or if you have any technical questions, please call our Customer Service Hotline (800) 645 – 6578. Our Customer Service representatives will help you complete the form or they will transfer you to one of our technical representatives that will answer your questions. Further information and reference materials are available on our *BPF4™ Filter Investigation Web Page* http://www.pall.com/medical_info.asp. If any of your consignees would like to talk with a Pall representative directly, please provide them with our Customer Service Hotline number.

Establishment: _____

Address: _____

Primary contact's name: _____

Telephone number: _____

Telefax number: _____

E-mail address _____

- I have read and understand the recall instructions provided in the recall letter dated December 17, 2004.

- I understand Pall Medical has revised the labeled instructions for use to now state: *“Post collection blood should be leukocyte reduced as soon as practicable; however, leukocyte reduction must be performed within five days of collection.”*

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Page 2 of 2

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- I have checked my stock and have placed the following lots and quantities of systems on hold in quarantine:

Lot #: _____ Quantity: _____
Lot #: _____ Quantity: _____
Lot #: _____ Quantity: _____
Lot #: _____ Quantity: _____
Lot #: _____ Quantity: _____

- I have identified consignees that received blood products produced using the listed lots and I have notified them of this limited recall by sending them a copy of the recall letter dated December 17, 2004 and a copy of our Product Safety Information Letter dated December 09, 2004.

Name: _____

Title: _____

Telephone number: _____

Signature: _____ Date: _____