

Dear Philips HeartStart AED Customer,

Earlier in 2022 you should have received a letter, email and/or a postcard informing you of a problem identified with Philips HS1 M5071A (adult) AED pads that could pose a risk for patients.

Philips will be sending complimentary SMART Pads Adult cartridges for each HeartStart HS1 AED you own. To do this, we need you to verify your contact information and your AED serial number. This information will help us get the replacement pads to you as quickly as possible.

Please complete the attached form and return as soon as possible.

Philips are currently working on a redesign of the Infant/Child SMART pads and will communicate once it is released. Philips in conjunction with **Surf Life Saving Services** will automatically be sending out complimentary HS1 M5072A Infant/Child pads to anyone who has purchased these in the last 2 years.

Thank you in advance for your cooperation.

Regards, Philips Emergency Care





15 September 2022

CUSTOMER CODE: [DISTRIBUTOR]

Dear Philips AED Customer,

You should have recently received a letter and/or a postcard informing you a problem has been identified in the Philips M5071A (adult) and M5072A (infant/child) AED pads that could pose a risk for patients or users. Philips will be sending out a complimentary Adult SMART Pads cartridge for each AED you own.

In order to do this, we need you to verify some information about you and your AED(s). Key information fields are marked with an asterisk (*) please provide the information to the best of your ability – it will help us get you the replacement pads as quickly as possible.

*PLEASE WRITE AS LEGIBLY AS YOU CAN

| Tell us about yourself | | |
|---|-------|------|
| Name* | | |
| Organization/Company (if applicable) * | | |
| Street address* | | |
| | | |
| City* | | |
| Region* | | |
| Postal Code* Country* | | |
| Phone number* | | |
| Email* | | |
| Is the name or address different than the one on the letter/postcard? * | o Yes | o No |
| If yes, please provide updated contact information. | | |
| Name | | |
| Organization/Company (if applicable) | | |
| Street address | | |
| City | | |
| Region | | |
| Postal Code | | |
| Country | | |
| Phone number (include country code) | | _ |
| Email | | |



Tell us about your AED(s)

| Oo you still own a HeartStart HS1 AED? * o Yes o No |
|--|
| f not, what happened to the AED? o It belongs to someone else o It has been lost o It has been discarded o Other |
| >> If you no longer own the AED, please pass this notification off to them so they can receive their complimentary pads. |
| Please acknowledge: |
| o I acknowledge receipt and understanding of the Medical Device Correction notice.* |
| Signature |
| Printed name |
| Date |

>> If you still own the AED, please continue to the next page.



The Serial Number can be found on the back of your AED.



The LOT # can be found on the front of the pads cartridge.



| AED | Serial Number | Adult Pads LOT # |
|-----|---------------|------------------|
| 1 * | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |

If you have more than 10 AEDs, please attach a separate sheet.

Please acknowledge:

Acknowledging this notice will not reduce your coverage or rights under any Philips AED Warranty or Indemnification.

| o I acknowledge receipt and understanding of the Med | lical Device Correction notice. * |
|--|-----------------------------------|
| Signature | |
| Printed name | |
| Date | |

Please send this form to {email} or {fax} or {mail}.

Thank you!