

**Attachment 1: Reporting Requirements**

Reports can be submitted to the Recalls Unit by

Email: recalls@tga.gov.au

Facsimile: 02 6203 1451 or

Post: TGA Recalls Unit, TGA, PO Box 100, Woden ACT 2606

Arthrex SwiveLock SP Suture Anchor

TGA Recall reference No. **RC-2017-RN-00463-1**

**6 WEEK REPORT**

<p><b>1. Have ALL the customers that you contacted responded to your requested recall?</b> Have customers confirmed their amount of affected product (including none) and that they agree to the recall action.</p>	<p><input checked="" type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO.</p>
<p><b>2. (A) Recall - Have ALL customers returned or destroyed their affected units?</b></p>	<p><input type="checkbox"/> YES: <input type="checkbox"/> No goods left to recall or correct</p>	<p><input checked="" type="checkbox"/> NO. Please advise when this is expected to occur Await for one last customer (out of the 19) to return the signed acknowledgement form. All customers' identified units have been collected in DTA warehouse, including all affected stocks in the warehouse.</p>
<p><b>3. Is the recall action progressing without major impediments?</b> Eg The recall action is progressing as per the agreed timelines</p>	<p><input checked="" type="checkbox"/> YES</p>	<p><input type="checkbox"/> NO. Please explain</p>