

HAEMONETICS®
THE Blood Management Company

Haemonetics Corporation
Haemoscope Division
6231 West Howard Street
Niles, IL 60714
Telephone: 847-588-0453
www.haemonetics.com

March 2, 2011

To: Valued TEG® Customers

RE: Level II QC kit, HMO# 196 and HMO#197

Dear Customer,

It has recently come to our attention that we have received a higher than normal inquiry rate for Level II Quality Control kits, part number 07-008, for two production lots, labeled HMO# 196 and 197. We take your feedback very seriously and are in the process of investigating these issues.

If Level II QC kits from these production lots resulted in values within the specified ranges, then the TEG System acceptably passed the Level II Quality Control test. Any failure would have resulted in values outside the specified ranges.

Our records show that you have recently been sent this particular lot. To aid us in conducting the necessary investigations, we are requesting the return of these boxes for further testing and evaluation. Please complete the acknowledgement form attached to confirm that you received this letter and the number of boxes you will be returning, should you have any left in stock.

Once we have received the acknowledgment form, we will coordinate the return and replacement of these boxes at no charge.

We apologize in advance for any inconvenience this may cause. As an organization, we are committed to providing you the highest quality technologies, consumables, and services for all of your blood management needs.

Thank you for your cooperation.

Regards,

Marc Doubleday
Senior Manager, Research and Development

Customer Name and Address

HAEMONETICS LEVEL II ACKNOWLEDGEMENT FORM

I HEREBY ACKNOWLEDGE RECEIPT OF THE LEVEL II INVESTIGATION LETTER. I CONFIRM WE HAVE THE FOLLOWING QUANTITY OF THE LOT NUMBERS BELOW IN STOCK*:

LOT:	QUANTITY
HMO#196	_____
HMO#197	_____

* IF YOU HAVE ALREADY CONSUMED THIS STOCK, PLEASE INDICATE ZERO (0) .

CONTACT PERSON (PLEASE PRINT)

SIGNATURE

DATE

PLEASE SEND REPLACEMENTS (IF APPLICABLE) TO:

ATTN: _____

DEPARTMENT: _____

ADDRESS: _____

(IF DIFFERENT FROM ABOVE) _____

Please return by fax to 847-588-0455