



URGENT: MEDICAL DEVICE RECALL (REMOVAL)

Product Name: Erbe Flexible Cryoprobe

Response Form

Erbe USA, Incorporated
2225 Northwest Parkway
Marietta, GA, 30067

Date:

Please submit the completed form by email to fieldaction.us@erbegroup.com

Customer Information:

Facility Name

Address

Contact Person

Contact Phone

Contact Email

Account Number

I confirm that I have read and understood the instructions provided in the Medical Device Removal letter dated February 12, 2026, regarding Erbe Cryoprobes.

I confirm all personnel are completely knowledgeable and thoroughly aware of the contents of the letter.

Please reference the affected Cyroprobe Lot Numbers in the Removal Action Letter. If the affected lot numbers were received by your facility, check the following (check all that apply):

Number of Probes Used or Discarded:

Number of Probes to Return for Replacement:

Please specify for each probe:

Quantity	Part Number	Lot Number

Does your facility require a no-charge PO or notation to accept replacement shipment

Yes. Please specify:

No

Number of Probes to Return for Credit:

Please specify for each part number:

Quantity	Part Number	Lot Number

Number of Probes chosen to not return:

Please specify for each part number:

Quantity	Part Number	Lot Number

Form Completed By

Date