



URGENT: MEDICAL DEVICE RECALL EXPANSION
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 with Title

Contact Phone

Contact Email

Account Number

- ☐ I confirm that I have read and understood the instructions provided in the Medical Device Removal letter dated May 4, 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

Delivery address for replacement probes, if different from address above:

Facility Name

ATTN/Dept/Room

Street Address

City/State/ZIP

☐

Number of Probes to Return for Credit (only if different from probes being replaced):

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

Please allow 3-5 business days for your Response Form to be processed. You will receive an e-mail with instructions on how to return affected product, including RMA ("ESV") number.

Form Completed By

Date