

URGENT EXPANDED VOLUNTARY PRODUCT RECALL Glucerna Original, Ensure Harvest, and PediaSure Harvest 8 oz Cartons in 24 Count Case Product Response Form

Please complete this Product Response Form with the requested information and return it by e-mail using the information indicated at the bottom of the form.

Please return the form immed	liately <u>even if you do no</u>	ot have impacted p	oroduct on hand.
☐ I have read and understand	d the recall instructions pro	ovided in the August	10, 2022 letter.
I do not have any inventor	ry of the impacted product	listed and will not be	e making a return.
☐ I have inventory of the imp Abbott. Please indicate qua			ceive further instructions from ack to Abbott
	Quantity On Hand	Packaging]
	PediaSure Harvest	Cases Cartons	
	Ensure Harvest	Cases Cartons	
	Glucerna Original	Cases Cartons	
Comments:			
Account or Customer Name:			
Account or Customer Ac	ddress		
Account No	umber		
Abbott C	ontact		
Ema	il/Fax		
I verify that the above information	n is accurate and complete.		
Signature:	Date:		
Print Name:Phone Number:			
Please email	the completed response	e form to <u>ancr@al</u>	bbott.com

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Email: ancr@abbott.com

To obtain instructions for returning the product contact Abbott.

Phone: 1-800-551-5838 Monday-Friday 8am to 5pm EST