Customer Response Form

Please complete this form *even if you do not have any affected stock.*

CRITICAL RECALL

TGA Reference Number: RC-2026-RN-00870-1

AV/AT, LivoClear and Ly)mex

AUST L 124124 / AUST L 281590 / AUST L 291201. All batches within expiry.

On behalf of this organisation I acknowledge receipt of the recall notice dated 11 Nov 2026 relating to the above products.

FROM:

Organisation	
Position	
Name	
Email or fax no.	
Telephone no.	
Date	
Signature	

Affected Stock

If you have **no affected** stock, tick this box: ☐

If you have affected stock, please complete the stock details table below.

Product	**Batch/Lot/Date**	**Quantity of stock received**	**Quantity of unused stock subject to recall (currently in quarantine)**
Total affected product			
Other Relevant Details:			

Other organisations

Has your organisation supplied potentially affected product to any other organisation?

☐ No

☐ Yes I/we will forward all the recall information to the suppliers/distributors/customers

OR

☐ Yes (please supply names and contact information of the organisations)

Return Completed Form:

- Complete this Customer Response Form, even if you do not have any affected stock
- **Submit your form via MyRener Recall Returns Upload. The Customer Service Team at Rener Health Products will respond with further instructions. All credits will be processed once returned stock has been assessed. A credit will be placed on your Rener Health Products account.**