

[illegible]

Instruction for Completion

1. **1. #** Name of the patient or patient ID. To be filled by the healthcare institution/provider.
2. **2. #** Date of implantation. To be filled by the healthcare institution/provider.
3. **3. #** Name and address of the healthcare institution. To be filled by the healthcare institution/provider.
4. **4.** Serial location where Angio-Seal[®] device was implanted.
5. **5.** Place sticker from device packaging in "Place Sticker" location.

To the Angio-Seal[®] Vascular Closure Device Patient

where 50% of the production and 75% of the sales are in the United States. The company is a public company and is listed on the New York Stock Exchange. The company is a public company and is listed on the New York Stock Exchange. The company is a public company and is listed on the New York Stock Exchange.

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PRODUCT INFORMATION

P/N: **ASIN0017**
Customer: **Terumo Puerto Rico**

Dimensions (inches):
W: 37.07
H: 6.378

NOTE: THIS PROOF IS TO SHOW THE SIZE, COPY PLACEMENT AND COLOR BREAKS. ACTUAL COLORS WILL BE MATCHED ON PRESS WITH APPROVED COLOR STANDARDS AND/OR PANTONE COLOR SWATCHES.