

Appendix 2

Removal of COVID-19 Janssen vaccine lot XD955

CONFIRMATION 2

I, <<Name of the signatory>>, <<Function of the signatory>>, representative of <<Name and Country of the governmental instance >>, confirm to have removed and quarantined the following lots and quantities impacted by the Janssen Covid-19 vaccine removal

Batch name	Item code	Expiry date	# Received (vials)	# Removed & quarantined from governmental handlers / vaccine handlers (vials)

Please provide us evidence of destruction of the involved quarantined vials.

Signature: _____

Date: _____

Please send this form and all related information to
Covid19VaccineJanssen@its.jnj.com