**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