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Product Change Notification

Date of Correspondence	Planned Date of Change Implementation
<i>11/19/2020</i>	<i>Immediate</i>
Change Notification Number	Sub-Supplier Change Notification Number
<i>1183748</i>	<i>N/A</i>

Product(s) Affected

Part Number(s)			
<i>PV02-1031C, PV02-2047C, PV02-3062C, PV02-3062M, PV02-6062C, CA092-002, CA093-002</i>			
Change Description			
<i>Products to be discontinued, will no longer be available for sale.</i>			
Reason for Change			
<i>Informed by Supplier of material change to products.</i>			
Change Level			
Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Emergency <input checked="" type="checkbox"/>

Implementation Procedure
<i>Products are subject to immediate discontinuation.</i>

Single Point of Contact	Email Address
Customer Service	<i>change@nordsonmedical.com</i>