

**Medline International Germany GmbH** 

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Domzale
1230
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# URGENT: FIELD SAFETY NOTICE Medical Device Safety Advisory Notice

Kleve, September 3rd 2020

**For the attention of**: the Pharmacist responsible for medical device vigilance and the Biomedical Engineering Department.

#### SECURITY INFORMATION of Sterile Procedure Trays containing Allmed XR gauze swabs with XR Threads

Medline reference: FSN-20/02 MoH reference: R2012530

**Description:**Sterile Procedure Trays and containing Allmed XR gauze compresses **Product Codes concerned:**See Table 1 (**Table will be adapted to the respective customer**)

Dear Customer,

This letter is to advise you that the supplier "Allmed" has issued a field safety corrective action related to XR gauze swabs included in some Medline Sterile Procedure Trays.

There is a possible breaking or fraying of the XR thread used in the gauzes and theoretically, small pieces of thread could occur when the XR thread breaks or frays and this could lead to inflammation and/or granuloma formation when remaining in the body.

All lot numbers of Sterile Procedure Trays with the references mentioned in the acknowledgement form in Table 1 are concerned.

For the remaining packs available in our stock, "warning stickers" will be placed on each Sterile Procedure Tray.

Do not use the affected x-ray swabs from your Sterile Procedure Tray and discard them before use in the operating room. All other components from your Sterile Procedure Tray can be used, after a visual inspection to ensure the components have not been contaminated



## Actions to be taken:

Could you please:

- 1. Urgently check your stock and promptly put on quarantine the concerned Sterile Procedure Trays listed in Table 1 (see: acknowledgement form).
- 2. Complete the acknowledgement form and return by either fax or email as soon as possible, but not later than September 30<sup>th</sup> 2020 and indicate the quantity of Sterile Procedure Tray in your stock, to receive the necessary quantity of "warning stickers" to be put on each Sterile Procedure Tray.
- **3.** Put a "warning sticker" in the middle of each concerned Sterile Procedure Tray of your stock and on each box under the label.
- **4.** Do not use the affected x-ray swabs from your Sterile Procedure Tray and remove them before use in the operating room. Before using the other components, make a visual inspection to ensure the components have not been contaminated with pieces from the XR thread.

#### Sticker details -



The relevant competent authorities are informed of this safety notice.

We apologize for the inconvenience caused.

Yours Sincerely, Kenneth Smith Quality and Regulatory Affairs Manager.

PS: This urgent safety information is only addressed to facilities that had received the concerned Sterile Procedure Trays.



Acknowledgement receipt to fax to the following fax number: +49 2821 7510 7822 or send by email to: <a href="mailto:gmb-eu-ra-kleve@medline.com">gmb-eu-ra-kleve@medline.com</a>

Medline reference: FSN-20/02

Please complete and send back the enclosed acknowledgment form by either fax or email to Medline as soon as possible, but no later than **September 30th, 2020**.

## Table 1:

Sterile Procedure Trays concerned by this notification delivered to you are listed in the below table. Please mention the quantity of packs available in your stock and quantity of stickers required in the table below:

Item Number	Lot/Batch	Quantity Delivered	Quantity in Transit	Quantity stickers required
VGCBA004	839634	15		
VGCBA004	847039	18		
VGCBA004	850939	24		
VGCBA004	852583	6		
VGCCV001	839642	70		
VGCCV001	848869	12		
VGCCV001	851321	44		
VGCCV001	854078	22		
VGCEN001	856286	16		
VGCEN001	858076	32		
VGCMA002	842854	32		
VGCMA002	848603	24		
VGCMA002	852588	8		
VGCMA007	842851	256		
VGCMA007	848445	160		
VGCMA007	852263	240		
VGVBS007	838809	168		
VGVBS007	843459	24		
VGVBS007	848033	36		
VGVBS007	848526	168		
VGVOR001	856287	24		
VGVOR001	857131	84	_	



Total quantity of warni	ing stickers requ	ired:				
I have read and under FSN-20/02.	erstood the secu	rity information provided by Medline and I ac	knowledge receipt of the			
I also agree to further <u>c</u>	distribute and co	mmunicate this important information withi	n my facility as required.			
If you distribute this proof this communication to		acilities or departments within your institutio	n, please forward a copy			
If you are a dealer, wholesaler, distributor/reseller that distributed any affected products to other facilities, please distribute this notification to customers and confirm that your customers have been notified.						
Date	e:					
Cust	comer Number:	1740419A				
Nam	ne: tion:					
Facil		Tosama Tovarnasanitetnega materiala d.o.o	·			
City:	:	Domzale	-			
	phone:					
Fax:						
Sign	ature:					