

22<sup>nd</sup> December 2017

**URGENT - FIELD SAFETY NOTICE**

Type of Action		Recall	
Teleflex Reference:		EIF-000243	
Commercial Name		SafetyCat PLUS / B.Braun wit Syringe	
Product Code	Lot Number	Product Code	Lot Number
350310G Ch 16	1734241	005671G CG 14	1738236
350310G Ch 16	17/34/241	005671G CH 14	17/38/236
350230G Ch 14	1738206	005671G CH16	1738229
350230G Ch 14	17/38/206	005671G CH 16	17/38/229

Dear Customer,

**Details of affected devices**

Teleflex has initiated a voluntary Field Safety Corrective Action for the above listed product code.

**Description of the problem**

Teleflex Medical is recalling the product referenced above because the packaging may be compromised.

If the packaging is compromised, the sterility of the product cannot be guaranteed.

If a non-sterile product is used, there is potential for infection to occur. No patient injuries have been reported related to this issue.

Our records indicate that you have received product that is subject to this recall. We are now notifying our customers to take the following actions:

**FIELD SAFETY CORRECTIVE ACTION INSTRUCTIONS**

**ADVICE ON ACTION TO BE TAKEN BY MEDICAL STAFF**

1. We request that you check your inventory for product within the scope of this field action. Users should cease use and distribution of stock of the affected product batch and quarantine immediately.
2. If you do not have stock in scope of this field action as referred to in above table then mark the according checkbox on the Acknowledgement form (Appendix 1) and return the form to the fax number or e-Mail-address mentioned below.
3. If you have stock from the affected product as referred to in above table, mark the according checkbox on the Acknowledgement form (Appendix 1). Contact customer service by calling the phone number mentioned below who will issue you with a return number. Write this return number into the respective field in the Acknowledgement form.
4. Complete 'Appendix 1' for all products in your possession and under control. Return this form immediately to Customer Service.
5. Teleflex (or your local dealer) will issue a credit note upon receipt of the returned affected product.

**INSTRUCTION FOR DISTRIBUTORS OF AFFECTED PRODUCT**

1. If you are a distributor, provide this field safety notice to all of your customers who have received product in scope of this Field Action. Your customer is then required to complete the acknowledgement form and return this to you.
2. As a distributor, you are required to confirm to Teleflex that you have completed the field activity outlined above. Upon completion of your actions, please forward the completed Acknowledgement Form to Customer Service.
3. Please be aware that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities in which Teleflex distribute directly will be notified by Teleflex.
4. If you are a distributor and have further distributed product outside of your country, please notify Teleflex by return email to the email address below.
5. If you are a distributor and/or have a reporting responsibility within or outside the EEA/CH/TK area, please notify your local Competent Authority of this action. Please forward the notification and all communication with your local competent authority to Teleflex.

**Teleflex**

Teleflex informs all customers, employees of Teleflex and distributors on this Field Action.

**Transmission of this Field Safety Notice**

This notice should be passed on to all persons who need to be aware within your organization or to any organization where the potentially affected devices have been transferred. Please consider end users, clinicians, risk managers, supply chain/distribution centres etc. in the circulation of this notice.

Maintain awareness of this notice until all required actions have been completed in your organisation.

**Contact reference person**

Should you require any further information or support concerning this issue, please contact:

**Customer Service:**

**Contact:** Andreas Schröer  
**FAX:** +49 (0) 7052 403 120

**Telephone:** +49 (0) 7052 403 122  
**Email:** Homecare-de@teleflex.com

Please be advised that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities to which Teleflex distribute directly will be notified by Teleflex. Teleflex is committed to providing high quality, safe and effective products. We sincerely apologize for any inconvenience this action may cause your operations. If you have any other questions, feel free to contact your local sales representative or Customer Service.

***For and on behalf of Teleflex,***

Appendix 1

Customer No. \_\_\_\_\_

**FIELD SAFETY CORRECTIVE ACTION  
ACKNOWLEDGEMENT FORM**

**PRODUCT FIELD ACTION BY TELEFLEX - IMMEDIATE ATTENTION REQUIRED**

Ref. EIF-000243

**RETURN COMPLETED FORM IMMEDIATELY TO:**

**FAX:** +49 (0) 7052 403 120

**Email:** Homecare-de@teleflex.com

<input type="checkbox"/> We confirm receipt of this FSN and completed the required actions contained therein. We confirm that our inventory does <b>NOT</b> include products affected by this Field Action.	<input type="checkbox"/> We confirm receipt of this FSN and completed the required actions contained therein. We confirm our inventory <b>DOES</b> include products affected by this Field Action. The use and further distribution of the affected products is stopped. All products are put on hold and the amount below will be returned.  <b>Return Authorisation No</b> _____
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**PLEASE PRINT PRODUCT QUANTITY NUMBERS CLEARLY.**

<b>COMMERCIAL NAME OF AFFECTED PRODUCTS:</b>	SafetyCat PLUS/ <b>B.Braun wit Syringe</b>	
<b>PRODUCT NUMBER</b>	<b>LOT NUMBER</b>	<b>QUANTITY (Returning)</b>
<ul style="list-style-type: none"> <li>Include a copy of the <b>completed Acknowledgement Form</b> in the returns package with the returned units</li> <li>Ensure the <b>RAN number is clearly visible</b> on the returns package.</li> <li>Please label returns as <b>"Field Action Returns"</b></li> </ul>		

Complete this Acknowledgement form and return immediately by using the fax number or e-mail address above.

<b>INSTITUTION NAME (EG NAME OF HOSPITAL, HEALTH CARE ORGANISATION)</b>	
<b>INSTITUTION ADDRESS</b>	<b>Phone / Fax</b>
<b>FORM COMPLETED BY:</b>	<b>Stamp</b>
PRINT NAME: _____  SIGNATURE: _____	