

Rev 1: September 2018

FSN Ref: FSN-2023-001 FSCA Ref: FSN-2023-001

Date: 31 January 2023

<u>Urgent Field Safety Notice</u> <u>Thermo Scientific™ Oxoid™ MacConkey Agar without Salt</u> (Dehydrated) CM0507B

For Attention of*: Lab Managers

Contact details of local representative (name, e-mail, telephone, address etc.)*

E.mail: mbd.vigilance@thermofisher.com
Telephone: +44(0) 1256 841144

Fax: +44(0) 1256 479525



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Urgent Field Safety Notice (FSN) Thermo Scientific™ Oxoid™ MacConkey Agar without Salt (Dehydrated) CM0507B

		1. Information on Affected Devices*
1.	1. Devic	e Type(s)*
	Dehy	drated Culture Media
1.		nercial name(s)
	Thern	no Scientific™ Oxoid™ MacConkey Agar without Salt (Dehydrated)
1.	3. Uniqu	e Device Identifier(s) (UDI-DI)
	50323	384003327
1.	4. Prima	ry clinical purpose of device(s)*
		conkey Agar without Salt devices are differential media for the isolation of
		-negative organisms whilst suppressing the swarming of Proteus species
		clinical samples, including urine samples. MacConkey Agar without Salt
		es are used in a diagnostic workflow to aid clinicians in determining potential
		nent options for patients suspected of having bacterial infections including
		y tract infections (UTIs).
		lso be used for testing food and environmental samples
1.		e Model/Catalogue/part number(s)*
	CM05	
1.		are version
	N/A	
1.	7. Affect	ed serial or lot number range
	34497	738
1.	8. Assoc	ciated devices
	N/A	

		2. Reason for Field Safety Corrective Action (FSCA)*
2.	1.	Description of the product problem*
		An internal investigation by Oxoid Limited, part of Thermo Fisher Scientific, has
		confirmed that the above lot of CM0507B, Thermo Scientific™ Oxoid™ MacConkey
		Agar without Salt (Dehydrated) does not supress the swarming of <i>Proteus mirabilis</i> ,
		ATCC®29906™.
2.	2.	Hazard giving rise to the FSCA*
		Continued use of this lot may result in delay to patient treatment.
2.	3.	Probability of problem arising
		High. The data collected demonstrates that the identified batch does not supress the
		swarming of <i>Proteus mirabilis</i> , ATCC®29906™.
2.	4.	Predicted risk to patient/users
		There should be no significant immediate or long-term consequences from use of
		this product. MacConkey agar used for urine culture is usually accompanied by other
		electrolyte deficient agars. The likelihood of serious complications with use of the
		affected batch appears to be very low to negligible. There is no evidence of
		consistent observation, no other complaints have been recorded, and only one batch
		appears to be affected.
2.	5.	Further information to help characterise the problem



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		N/A					
2.		6. Background on Issue					
		The root cause of this issue is yet to be determined.					
2.		7. Other information relevant to FSCA					
		N/A					
	3. Type of Action to mitigate the Risk*						
3.	1.						
			, and the second				
			e Device □ Return Device ⊠	Destroy Device			
		☐ On-site device modification/inspe	ection				
		⊠ Follow patient management reco	ommendations				
		☐ Take note of amendment/reinforcement of Instructions For Use (IFU)		FU)			
		☐ Other ☐ None					
3.	2.	By when should the action be completed?	Nithout undue delay				
3.	3.	Particular considerations for:	IVD				
		la fallow up of nationta or review	of nationts' provious results r	a a a m m a n d a d ?			
		Is follow-up of patients or review of patients' previous results recommended? Yes					
		163					
		Clinical tests should be reviewed and retested as required.					
			and retested as required.				
3.				Yes			
		yes, form attached specifying dea					
3.	5.	Action Being Taken by the Manu	ıtacturer				
		☑ Draduat Damayal □ On a		_			
			site device modification/inspectio	П			
		☐ Software upgrade☐ Other☐ None	or labelling change				
		□ Otriei □ Norie	е				
3	6.	By when should the action V	Without undue delay				
		be completed?	,				
3.	7.	•	unicated to the patient /lay	No			
		user?					
3	8.	• •		•			
		in a patient/lay or non-professional user information letter/sheet?		et'?			
		Choose an item. Choose an item. N/A					



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	4. Genera	al Information*
4.	1. FSN Type*	New
4.	For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information a	as follows:
	N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	No
	5. If follow-up FSN expected, what is the fu	rther advice expected to relate to:
4	N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information	
(For contact details of local representative refer to page 1 of this FSN)		
	a. Company Name	Thermo Fisher Scientific
	b. Address	Wade Road, Basingstoke,
		Hampshire
		RG24 8PW
	c. Website address	www.thermofisher.com/microbiology
4.	8. The Competent (Regulatory) Authority communication to customers. *	of your country has been informed about this
4.	List of attachments/appendices:	Customer Response Form
4.	10. Name	Carissa Courtney Director, Quality EMEA
	Signature	Glarhey

Transmission of this Field Safety Notice

This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)

Please transfer this notice to other organisations on which this action has an impact. (As appropriate)

Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.

Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.*



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Customer Reply Form

FSN Reference number* FSN Date* Product/ Device name* Thermo Scientific™ Oxoid MacConkey Agar without Salt Product Code(s) Batch/Serial Number (s) CM0507B 3449738 Customer Details Account Number Organisation Name* Organisation Address*
Product/ Device name* Thermo Scientific™ Oxoid MacConkey Agar without Salt Product Code(s) Batch/Serial Number (s) 2. Customer Details Account Number Organisation Name*
Product Code(s) CM0507B Batch/Serial Number (s) 3449738 2. Customer Details Account Number Organisation Name*
Batch/Serial Number (s) 3449738 2. Customer Details Account Number Organisation Name*
2. Customer Details Account Number Organisation Name*
Account Number Organisation Name*
Organisation Name*
Organisation Address*
Department/Unit
Shipping address if different to above
Contact Name*
Title or Function
Telephone number*
Email*
3. Customer action undertaken on behalf of Healthcare Organisation
I confirm receipt of the Field Safety Notice and that I read and understood its content.
I performed all actions requested by the FSN.
The information and required actions have been brought to the attention of all relevant users and executed.
I have returned affected devices - enter number of devices returned and date complete or N/A Lot/Serial Number: Date Returned (DD/MM/YY)
Comments:
I have destroyed affected devices – enter number Qty: Lot/Serial Number: Date Completed (DD/MM/YY)
destroyed and date complete
Comments:
No affected devices are available for return/
destruction
Other Action (Define):
I do not have any affected devices.
I have a query please contact me (e.g. need for replacement of the product).
Print Name*
Signature*
Date*
4. Return acknowledgement to sender
Email MBD.vigilance@thermofisher.com
Telephone Number & Fax Tel: +44(0) 1256 841144 & Fax :+44(0) 1256 479525
Postal Address
Deadline for returning the reply form* 28 February 2023

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN. Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.