

9<sup>th</sup> of December 2014

## URGENT - FIELD SAFETY NOTICE

TYPE OF ACTION:		Recall		
INMED REFERENCE:		CAPA 006/14 (SCAR 040/13)		
Commercial Name	Model	Product Code	Alternative Part No.	Batch
BOSS SYSTEMS Soft Flex	01-06-7008-9	XKC01-06-7008-9	01-06-7008-09	Appendix 2
ICOR FH with Soft Flex & Swivel	01-06-9680-8	XKC01-06-9680-8	01-06-9680-8	
MAQUET Servo Filter Humidifier 173	01-06-8425-8	XKC01-06-8425-8	64 19 381	
MAQUET Servo Humidifier 163	01-06-8125-8	XKC01-06-8125-8	64 19 365	
VYGON Filtraflux + SoftFlex	01-06-6000-8	XKC01-06-6000-8	551.61	
	01-06-6200-8	XKC01-06-6200-8	551.31	
VYGON HEPA Filter Humidifier + SoftFlex	01-06-6600-8	XKC01-06-6600-8	551.33	
VYGON Softflex	01-06-7000-9	XKC01-06-7000-9	805.02	

Dear Customer,

### 1. Details of affected devices

Inmed has initiated a voluntary Field Safety Corrective Action for the above listed products.

### 2. Description of the problem

Inmed has issued a voluntary recall for the products listed in Appendix 2. Some connector mount cracks may lead to a leak failure during use, which will cause an equipment alarm and will necessitate immediate replacement in the breathing circuit.

If a leak exists and is left untreated, then the patient may be deprived of adequate anesthetic gases over a period of time and serious adverse health consequences may occur.



### **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 2) 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 2). Contact customer service by calling the phone number mentioned in Section 6 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. Inmed (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 Inmed 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 Inmed distribute directly will be notified by Inmed.
4. 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 Inmed.

#### **3. Inmed**

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

#### **4. 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 centers etc. in the circulation of this notice.

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

#### **5. Contact reference person**

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

**Customer Service:**  
**Contact: Shane Kenny**  
**FAX:+353(0)1 4370773**

**Telephone: +353 (0) 906460869**  
**E-mail: [orders.intl@teleflex.com](mailto:orders.intl@teleflex.com)**

Please be advised that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities to which Inmed distribute directly will be notified by Inmed.

Inmed 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 Inmed,***

***Padraig Hegarty***  

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**Padraig Hegarty**  
**Senior Director of Quality International**

Appendix 1

Customer No: \_\_\_\_\_

### FIELD SAFETY CORRECTIVE ACTION

Inmed Ref: CAPA 006/14 (SCAR 040/13)

### Acknowledgement Form

**URGENT ATTENTION REQUIRED**

Return completed form immediately to:

FAX: +353(0)1 4370773

E-mail: [orders.intl@teleflex.com](mailto:orders.intl@teleflex.com)

**Please check applicable box:**

<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 has been stopped. All products are on hold and the quantity stated below will be returned.
<div style="border: 2px solid red; padding: 5px; display: inline-block;"> <b>Return Authorisation No _____</b> </div>	

**Please CLEARLY print the below return information:**

Names of Affected Products:			
BOSS SYSTEMS Soft Flex MAQUET Servo Filter Humidifier 173 MAQUET Servo Humidifier 163	VYGON Filtraflux + SoftFlex ICOR FH with Soft Flex & Swivel	VYGON HEPA Filter Humidifier + SoftFlex VYGON SoftFlex	
Product Number	(Size)	Lot Number	Quantity (Returning)

**Return Instructions for Warehouse / Pharmacy Personnel:**

- Please label product returns as “Field Action Returns”.
- Include a copy of this form (including RAN Number) with product returns.

Returns excluding ALL necessary documentation **CANNOT** be processed.

Institution Name - (Hospital, Health Care Organisation, etc.)	
Institution Address:	Email Address:
	Phone Number:
Form completed by:	
Print Name:	Institution Stamp:
Signature:	
Date:	

## Appendix 2

Commercial Name	Model	Product Code	Batch	Alternative Part No.	Commercial Name	Model	Product Code	Batch	Alternative Part No.	
BOSS SYSTEMS Soft Flex	01-06-7008-9	XKC01-06-7008-9	201326	01-06-7008-09	VYGON Filtraflux + SoftFlex	XKC01-06-6000-8	XKC01-06-6000-8	201319	551.61	
			201341					201324		
			201343					201325		
	201327									
	201329									
ICOR FH with Soft Flex & Swivel	01-06-9680-8	XKC01-06-9680-8	201244	01-06-9680-8		VYGON Filtraflux + SoftFlex	01-06-6200-8	XKC01-06-6200-8	201334	551.31
			201245						201245	
			201248						201249	
			201252						201252	
			201303						201303	
			201306		201310					
			201310		201310					
			201314		201314					
			201325		201318					
			201327		201319					
MAQUET Servo Filter Humidifier 173	01-06-8425-8	XKC01-06-8425-8	201333	64 19 381	VYGON HEPA Filter Humidifier + SoftFlex	01-06-6600-8	XKC01-06-6600-8	201324	551.33	
			201335					201325		
			201337					201326		
								201327		
								201329		
								201330		
								201331		
MAQUET Servo Humidifier 163	01-06-8125-8	XKC01-06-8125-8	201321	64 19 365	VYGON Softflex	01-06-7000-9	XKC01-06-7000-9	201337	805.02	
			201323					201339		
			201324							
VYGON Filtraflux + SoftFlex	01-06-6000-8	XKC01-06-6000-8	201249	551.61				201303		
			201252		201308					
			201306		201314					
			201310		201325					
			201314		201331					
	201318									