FORM FRM817/1.4 Effective: 11/12/14

## NHSBT Reagents Field Safety Notice-URGENT

Product	Titration	cell 1				
Lot	R407 518	38		Expiry		2017/07/06
Date of N	otification	22	/06/17			
Details of	problems	s with this	device:			
As per our telephone communication on 22/06/17 It has come to our attention that titration cell 1, lot number R407 5188 issued by Reagents on 13/06/17 has a reduced E antigen strength, and as a result, titration endpoints for samples containing anti-E may be 1 or 2 dilutions lower than expected. The replacement product R407 3190 is included with this notice.						
Action to be taken by user  Please start to use batch R407 3190 immediately and discard any remaining product of batch R407 5188 (including cell 2 labelled R407 3188, though this product is not affected). Please review anti-E titration results obtained using cell 1 from batch R407 5188. We suggest that you consider re-test if the titration endpoint is 4, 8, or 16; if there was no archive sample tested in parallel as per BSH guidelines 2016; or if there is a discrepancy between the archive result when tested with the previous and current samples. Please confirm that you have taken the relevent action and inform us of any potential patient impact this has had and the action you have taken.  This notice needs to be passed on to all those who need to be aware within your organisation and						
to any organisation where this device has been transferred Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of this corrective action. NHSBT Reagents confirms that the appropriate Regulatory Agency has been notified.						
	sued for NHSBT Michelle V eagents by		Weston	Title Re		eagents Manager
Contact details  NHSBT Reagents Customer Services  NHSBT, 14 Estuary Banks, Speke, Liverpool, L24 8RB  Tel: 0151 268 7157 Fax: 0151 268 7156						
User contact - Please return this slip to the above address or fax it to number above.  I confirm that I have received the field safety notice regarding the device below and have taken the required action						
Name			Signature			Date
Product Name		Lot Number			Expiry	
			<u> </u>			

(Template Version 01/04)

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