

# URGENT FIELD SAFETY NOTICE

<b>ATTENTION</b>	<b>Operating Room Director and Materials Management</b>		
<b>TYPE OF ACTION</b>	<b>URGENT DEVICE RECALL</b>		
<b>REF / DATE</b>	PSX-2012-10 / 17-October-2012		
<b>PRODUCT</b>	Ethicon Endo-Surgery has initiated a global voluntary recall for <b>all</b> PSX Proximate® Skin Staple Extractor.		
<b>DEVICE DETAILS</b>	<p>The recall involves the following product code</p> <table border="1" data-bbox="443 472 1398 506"> <tr> <td><b>PSX</b></td> <td>Proximate® Skin Staple Extractor</td> </tr> </table> <p>Expiration date September 2012 – August 2017</p> <p>See Attachment A for images to help identify affected products</p>	<b>PSX</b>	Proximate® Skin Staple Extractor
<b>PSX</b>	Proximate® Skin Staple Extractor		
<b>REASON</b>	<p>Ethicon Endo-Surgery initiated a voluntary global recall for all PSX Proximate® Skin Staple Extractor because the possibility exists that damage to the packaging may have compromised the sterility of the device.</p> <p>Ethicon Endo-Surgery has received no customer complaints related to this issue and no reports of adverse events associated with the recalled product.</p> <p>The issue was detected internally during the packaging process.</p>		
<b>ACTION</b>	<p>We need your help in ensuring that <b>all affected products</b> are located, accounted for, and returned to [Affiliate Name].</p> <p><b>EFFECTIVE IMMEDIATELY – DO NOT USE EES PSX Proximate® Skin Staple Extractors PRODUCT CODE, PSX.</b></p> <ol style="list-style-type: none"> <li>1) Examine your inventory immediately to determine if you have affected product on hand and <b>remove</b> the affected product.</li> <li>2) Fill out the Business Reply <b>Form</b> and return it back to [Affiliate Name] within 3 business days, <b>even if you do not have affected product</b>. If you have product to be returned, keep a copy of this form for your records.</li> <li>3) To return affected product, enclose a copy of the Business Reply <b>Form</b> with the product, and use the pre-paid shipping label to return to:  [Affiliate Name / Affiliate Address]</li> </ol> <p><b>Your Sales Representative is available to provide assistance in the completion of this voluntary recall if you should request help.</b></p>		
<b>TRANSMISSION</b>	Please share this information with all of the appropriate staff at your facility and any other organization where the product has been transferred.		
<b>CONTACT</b>	<p>[Affiliate Name] will process your product return and issue a credit/replacement upon return of the product and the Business Reply Card.</p> <p>If you have additional questions about this action, <b>please contact</b> your Sales Representative or call [Affiliate Name].</p> <p>We apologize for any inconvenience this will cause you, but rest assured it is our utmost intent to make this process as easy for you as possible.</p>		
<b>CONFIRMATION</b>	The Field Safety Action is being conducted with the full knowledge of the U.S. Food and Drug Administration (FDA) and EU National Competent Authorities		