

June 19, 2017

To: Surgeons/ Hospitals/ Clinics

Subject: **URGENT MEDICAL DEVICE FIELD SAFETY NOTICE- REMOVAL**

Affected Product: Trauma, Guide Wires 70cm

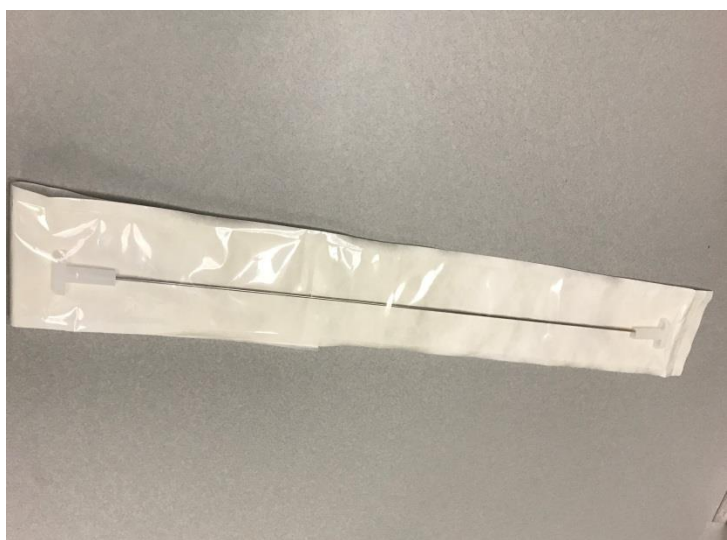


Image 1. Guide wire with protector

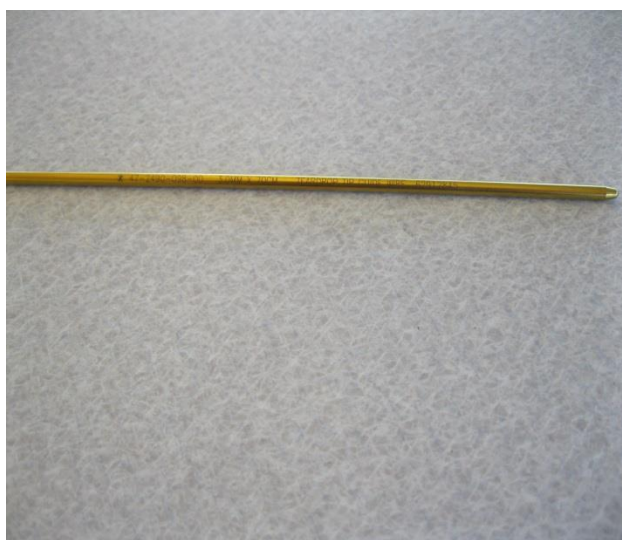


Image 2. 3mm*70cms Guide Wire

Zimmer is initiating a field safety notice/removal for 70cm Guide wire trauma products which assists in guiding the nail during implantation. The design verification for the previous packaging configuration does not cover the 70cm wires. While there has not been any complaints involving a breach in sterility, Zimmer has completed design verification to move the 70cm guide wires to a new packaging configuration. As a result, the products packaged in the previous packaging configuration are being removed.

Affected Product List

Item Number	Lot Number Expiry Date Before	Description
00-2255-025-00	April 2022	M/DN HUM SMOOTH GUIDE WIRE
00-2255-026-00	March 2022	M/DN HUM BULLET TIP GUIDE WIRE
47-2255-008-00	April 2022	BALL TIP GUIDE WIRE 2.4MM
47-2490-098-00	April 2022	3MM X 70CM TEAR DROP GUIDE WIRE
47-2490-098-01	March 2022	2.4MM X 70CM TEAR DROP GUIDE WIRE

Our records indicate you may have received one or more of the affected products.

Risks		
	Most Probable	Worst Case
Describe immediate health consequences (injuries or illness) that may result from use of or exposure to the product issue.	Extension of Surgery <30 min	Extension of Surgery <30 min
	Most Probable	Worst Case
Describe long range health consequences (injuries or illness) that may result from use of or exposure to the product issue.	None	Infection

Hospital Responsibilities:

1. Review this notification and ensure affected team members are aware of the contents.
2. Complete the Certification of Acknowledgement portion of **Attachment 1**
 - a. Return a digital copy to fielddaction.eire@zimmerbiomet.com within three (3) days.
3. Assist your Zimmer Biomet sales representative quarantine all affected product.
4. If after reviewing this notice you have further questions or concerns, please contact your Zimmer Biomet representative.

Other Information

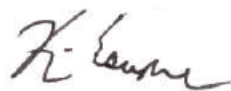
This voluntary medical device Field Safety Notice was reported to all relevant Competent Authorities and the related Notified Body as required under the applicable regulations for Medical Devices.

Please keep Zimmer Biomet informed of any adverse events associated with this product or any other Zimmer Biomet product by emailing winterthur.per@zimmerbiomet.com or to your local Zimmer Biomet contact.

The undersigned confirms that this notice has been delivered to the appropriate Competent Authorities, as per MEDDEV 2.12-1 revision 8.

We would like to thank you for your cooperation in advance and regret any inconveniences caused by this field action.

Sincerely,



Kevin W. Escapule
Post Market Surveillance & Regulatory Compliance Director

ATTACHMENT 1
Certificate of Acknowledgement- ZFA 2017-189

By signing below, I acknowledge that the required actions have been taken in accordance with the recall notice.

Hospital Facility

Printed Name: _____ **Signature:** _____

Title: _____ **Telephone:** () _____ - _____ **Date:** ____/____/____

Facility Name: _____

Facility Address: _____

City: _____ **ZIP:** _____ **Country:** _____

Note: This form must be returned to Zimmer Biomet before this action can be considered closed for your account. It is important that you complete this form and email a copy to: fieldaction.eire@zimmerbiomet.com.

Product Reference	Lot Reference	Number of returned instruments