

**CUSTOMER**

STREET

ZIP CODE CITY

COUNTRY

Field Safety Corrective Action

2023-04-28

PRODUCT RECALL**Immediate compliance required****Trade name of the affected product:**

Medistrip – Vein Stripper

Type of activity:

field safety corrective action

Item number / batch:**REF**

01.3200

LOT001230, 001230B, 002168, 002168B, 003103,
003103B, 00556, 010101, 80726, 81018, 81018B,
811400, 81199, 901181, 904169, 905157,
907214, 910110, 911141, 91252, 91252B**Information on the affected products**

Neuromedex GmbH hereby issues a voluntary product recall for the aforementioned products. The products were sold by both Neuromedex GmbH and Dispomedica GmbH.

Description of the problem:

In very rare isolated cases, the 9 mm or 12 mm olive may break into two parts as the product is being used.

While no serious patient damage has been observed in connection with this product failure, safe use is not always ensured. If the olive breaks apart during the stripping of the varicose vein, the olive will need to be recovered by means of an additional or extended incision. In this case, the procedure will need to be continued from this incision, provided that the varicose vein has not been fully stripped beforehand.

According to our records, you have received products to which this recall applies. This product recall applies only to the batches specified above.

Kind regards

Neuromedex GmbH



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BIC GENODEF1HH2VAT-ID: DE 118647409
Trade Register
HRB 19038Management Board
Marco Geyer
Markus Drewes



ADVICE ON IMPLEMENTING CORRECTIVE ACTION

Measures on the part of our end-user customers:

According to our records, your institution has received one or more products of the affected combination of products/batches listed in this safety note. Please forward this notification to anyone within your organization who needs to be informed of this. When doing so, please consider doctors, risk managers but also supply chains, distribution centres etc.

We ask you to take the following measures immediately and with priority:

- Please identify the affected products, block them from use and return the goods.
- Stop using the affected products.
- Please confirm that you have received this information and that you have carried out the measures by filling out the attached confirmation form and immediately returning it to Neuromedex GmbH using the contact details provided.

The price of any returned goods will, of course, be credited to you.

We apologize for any inconvenience this may cause you. If you have any questions about the recall procedure, you are welcome to call us at any time at +49 (0) 40 696 564 101. We would like to thank you in advance for your understanding and support.

Please confirm to us that you have implemented the aforementioned measure in the field. After implementing the measure, please return the completed acknowledgement form (see page 3) to our sales department.

Measures on the part of our retail customers:

According to our records, you have received one or more products of the affected combination of products/batches listed in this safety note. Please forward this notification to anyone within your organization who needs to be informed of this. Please also forward this notification to all customers who have received the products listed in this safety corrective action.

We ask you to take the following measures immediately and with priority:

- Please identify the affected products, block them from use and return the goods.
- Stop using the affected products.
- Please confirm that you have received this information and that you have carried out the measures by filling out the attached confirmation form and immediately returning it to Neuromedex GmbH using the contact details provided.

The price of any returned goods will, of course, be credited to you.

We apologize for any inconvenience this may cause you. If you have any questions about the recall procedure, you are welcome to call us at any time at +49 (0) 40 696 564 101. We would like to thank you in advance for your understanding and support.

Please confirm to us that you have implemented the aforementioned measure in the field. After implementing the measure, please return the completed acknowledgement form (see page 3) to our sales department.

Contact partner:

Should you require further information or assistance in this matter, please contact our sales department:

Contact: Stephanie Göger

Phone: +49 (0) 40 696 564 101

Fax: +49 (0) 40 696 564 200

Mail: contact@neuromedex.com

Our quality policy is geared to ensuring the excellent quality of our products as well as a high level of customer satisfaction and thus long-term, stable relations between our company and our customers. Therefore, we wish to express our sincere apologies for any disruptions caused by this product recall.



SAFETY CORRECTIVE ACTION

Confirmation form / response

Trade name of the affected product: Medistrip – Vein Stripper
Type of activity: field safety corrective action / product recall
Item number / batch: **REF** 01.3200 **LOT** 001230, 001230B, 002168, 002168B, 003103, 003103B, 00556, 010101, 80726, 81018, 81018B, 811400, 81199, 901181, 904169, 905157, 907214, 910110, 911141, 91252, 91252B

Please return the completed form to us at your earliest convenience.

Fax: +49 (0) 40 696 564 200

Email: contact@neuromedex.com

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|--|--------------------|-----------------------|-------------------|----------------|
| Name of the facility (e.g. dealer, hospital, medical practice): | | | | |
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| Facility address: | | | | |
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| Measures implemented: | | | | |
| We hereby confirm the receipt of this field safety corrective action. We have taken note of this field safety corrective action, understood it and forwarded it to all persons/facilities affected by it. We have checked our stock with regard to the affected items. We have provided a record of used and blocked (returned) products in the product list below. We further confirm that after returning the products, we will no longer have any other products from these batches in stock. | | | | |
| Product list: | | | | |
| REF | LOT | Quantity delivered: | Quantity blocked: | Quantity used: |
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| Form completed by: | | | | |
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| Date | Signature | Printed name | | |
| Stamp | | | | |