



URGENT DEVICE RECALL
Handi-Fil™ Disposable Syringe Fill Tube

DATE: December 28, 2011

RE: Handi-Fil Disposable Syringe Fill Tube
Catalogue Number: 302050MKG
Lot numbers as listed below

Dear Handi-Fil Disposable Syringe Fill Tube Customer:

Covidien is sending this communication to provide you with important information regarding our Handi-Fil Disposable Syringe Fill Tube, catalogue number 302050MKG, lot numbers:

Handi-Fil Disposable Syringe Fill Tube
Catalog number 302050MKG

Lot number	Expiration date
9288021	Oct-2012
0011122	Jan-2013
0095256	Apr-2013
0127196	May-2013
0253137	Sep-2013
0302172	Nov-2013

We have received reports of sterilized packages of this product that are unsealed. We are, therefore, initiating a voluntary recall of this product and the indicated lots.

The recall involves the six lot numbers stated above of the Handi-Fil Disposable Syringe Fill Tube.

The lot number for this product is located on the lower right hand corner of the single use sterilized package. Additionally, the product label on the shipping case contains the lot number in the upper right hand corner.

According to our records, you have received the Handi-Fil Disposable Syringe Fill Tube, catalogue number 302050MKG. Please check your inventory of this product. If any of the lot numbers above are in your inventory, please discontinue use of this product immediately.

Using the attached Verification Form, please report the quantity of each lot that is currently in your stock. If you do not have any of these lots in stock, please indicate by indicating you have got zero stock. When completed, please email the completed form to ... or fax to It is important we receive a response from each notified customer, even if you have no product in stock.

All products from these lots are to be returned to Covidien. Once the Verification Form is received, you will be contacted by Customer Services to arrange the return of the affected products. You will receive credit for all returned product from the affected lots.

If this product has been distributed by you to other consignees, we request that you notify these consignees of this recall.

If you have questions about this recall, please contact



This voluntary recall is being performed by Covidien with the full knowledge of the

Please complete the enclosed Verification Form. It is very important that we receive the information from you so we can expedite the return and credit process.

Please pass the FSN on to all those who need to be aware of it within your organization and please maintain awareness over an appropriate defined period.

We greatly appreciate your cooperation in this matter.

Yours sincerely,