

Arrow International Inc. ("Arrow")
c/o Teleflex,
IDA Business & Technology Park
Dublin Road, Athlone
Co. Westmeath, Ireland

24 May 2013

# URGENT FIELD SAFETY NOTICE

COMMERCIAL NAME OF AFFECTED PRODUCTS:		Central Venous Catheter Kits		
TYPE OF ACTION:		Recall		
ARROW INTERNATIONAL INC. ("ARROW") REFERENCE:		ZD1304-066		
	Lot Numbers			
Material		Lot Numbers		
Material EU-25703-EK		Lot Numbers		
1110101101		Refer to Appendix 1		

Dear Customer,

#### 1. Details of affected devices

Arrow International, Inc. ("Arrow") has initiated a voluntary Field Safety Corrective Action for the above listed products.

#### 2. Description of the problem

Arrow has issued a voluntary recall for the above listed products due to misplacement of the ECG Marker on the Spring Wire Guide, which may result in misplacement or mis-positioning of the CVC. The likelihood of such an occurrence leading to patient injury or harm has been determined as negligible. There have been no reported incidents to date relating to injury or harm for this issue.

#### 3. FIELD SAFETY CORRECTIVE ACTION INSTRUCTIONS:

#### ADVICE ON ACTION TO BE TAKEN BY MEDICAL STAFF

- We request that you check your inventory for product within the scope of this field action.
  Users should cease use and distribution of stock of affected product and quarantine
  immediately.
- 2. If you do not have stock in scope of this field action as referred to in above table then mark the according checkbox on the Acknowledgement form (Appendix 2) and return the form to the fax number or e-Mail-address mentioned there.
- 3. If you have stock from the affected product as referred to in Appendix 1, mark the according checkbox on the Acknowledgement form (Appendix 2). Contact customer service by calling the phone number mentioned in section 6 who will issue you with a return number. Write this return number into the respective field in the Acknowledgement form.
- 4. Complete 'Appendix 2' for all products in your possession and under control. Return this form immediately to the fax number below or provide a completed copy to your local Sales Representative.
- 5. Arrow (or your local dealer) will issue a credit note upon receipt of the returned affected product.



#### INSTRUCTION FOR DISTRIBUTORS OF AFFECTED PRODUCT

- 1. If you are a distributor, provide this field safety notice to all of your customers who have received product in scope of this Field Action. Your customer is then required to complete the acknowledgement form and return this to you.
- As a Distributor you are required to confirm to Arrow that you have completed the field activity outlined above. Upon completion of your actions, please forward the completed Acknowledgement Form to the following fax number: 07151 406 – 566
- Please be aware that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities in which Arrow distribute directly will be notified by Arrow.
- 4. If you are a distributor and/or have a reporting responsibility within or outside the EEA/CH/TK area, please notify your local Competent Authority of this action. Please forward the notification and all communication with your local competent authority to Arrow.

#### 4. Arrow International Inc. ("Arrow")

Arrow informs all customers, employees of Arrow and distributors on this Field Action.

#### 5. Transmission of this Field Safety Notice

This notice should be passed on all persons who need to be aware within your organization or to any organization where the potentially affected devices have been transferred. Please consider end users, clinicians, risk managers, supply chain/distribution centres etc. in the circulation of this notice.

Maintain awareness of this notice until all required actions have been completed in your organisation

#### 6. Contact reference person

Should you require any further information or support concerning this issue, please contact:

### **Customer Specific Queries:**

**Horst Erbe** 

Tel.: 07151 / 406 – 431 Mobil: 0172 / 74 33 713

e-mail: horst.erbe@teleflex.com

## Product Specific Queries: Herr Alexander Krebs

Tel.: 07151 / 406 – 186 Mobil: 0172 / 77 36 254

e-mail: alexander.krebs@teleflex.com

Arrow is committed to providing high quality, safe and effective products. We sincerely apologize for any inconvenience this action may cause your operations. If you have any other questions, feel free to contact your local sales representative or Customer Service at horst.erbe@teleflex.com

For and on behalf of Arrow International, Inc.,

International VP Quality Assurance & Regulatory Affairs



## Appendix 1

Material	Batch	Material	Batch		
EU 25702 EV	ZF1091215		ZF1125277	ZF2087969	
	ZF1102228		ZF2027459	ZF2098229	
	ZF1125535		ZF2028131	ZF2098517	
	ZF2027729		ZF2028529	ZF2099299	
	ZF2030062		ZF2030483	ZF2100225	
EU-25703-EK	ZF2052409		ZF2038940	ZF2111937	
	ZF2075410		ZF2039846	ZF2123098	
	ZF2086543		ZF2041157	ZF2124299	
	ZF2112222	GU-24730	ZF2041721	ZF3014689	
	ZF3014502		ZF2052654		
EU-26702-EK	ZF1079824		ZF2053468		
	ZF1091277		ZF2064164		
	ZF2015961		ZF2064641		
	ZF2038944		ZF2064974		
	ZF2052743		ZF2075229		
	ZF2076298		ZF2076435		
	ZF2100807		ZF2087102		





Appendix 2

# FIELD SAFETY CORRECTIVE ACTION ACKNOWLEDGEMENT FORM

## PRODUCT FIELD ACTION BY ARROW INTERNATIONAL INC. IMMEDIATE ATTENTION REQUIRED

#### **RETURN COMPLETED FORM IMMEDIATELY TO:**

horst.erbe@teleflex.com or by fax on +07151 406 - 566

Our inventory does <b>NOT</b> include products affected by this Field Action.		l by	Our inventory does include products affected by this Field Action. The use and further distribution of the affected products is stopped. All products are put on hold and the amount below will be returned.  Return Authorisation No						
P	LEASE F	PRINT	PRODUC	Γ QUANTIT	Y NUME	BERS CLEAR	LY.		
COMMERCIAL NAME OF AFFECTED PRODUCTS:			Central Venous Catheter Kits						
PRODUCT NUMBER	LOT - #	Qty	PRODUCT NUMBER	LOT - #	Qty	PRODUCT NUMBER	LOT - #	Qty	
						_			
			_						
EU-	EU- 25703-EK		EU- 26702-EI	,		GU-24730			
25703-LK				`		_			
			_						
						_			
Complete thi number or e-				I send back t	o Arrow i	mmediately by t	using the fa	x	
Print Name/Ti	tle				<del></del> -	Date			
Signature					Telephone Number				
Institution Name				Ad	Address				
Address				Cit	y, Zip Cod	e		$\dashv$	