



## Urgent Field Safety Notice

10709116

2011-09

### ADVIA<sup>®</sup> 120/2120/2120i Hematology Systems

## Additional Safety Information

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Our records indicate that you have an ADVIA<sup>®</sup> 120/2120/2120i Hematology System.

In an ongoing effort to ensure customer safety, Siemens is recommending, in accordance with clinical and laboratory guidelines, that additional precautions be taken whenever you are conducting maintenance or troubleshooting for ADVIA Hematology systems.

The safety precaution currently states that when using or handling ADVIA EZ KLEEN / EZ WASH, bleach, any cleaning or antiviral agent, or any other potentially hazardous liquids, wear protective clothing, gloves, and safety glasses. **Siemens further recommends the use of face shields with safety glasses whenever using or handling these materials to provide optimal safety.**

Keep this bulletin with your laboratory records.

If you have any questions or need additional information, please contact your Siemens Customer Support Center.

Please forward this notification to whomever you may have distributed this product.

Thank you for your continuing support of Siemens Healthcare Diagnostics products.

### Trademark Information

ADVIA is a trademark of Siemens Healthcare Diagnostics

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### Siemens Healthcare Diagnostics Inc.

511 Benedict Ave.  
Tarrytown, NY 10591

[www.siemens.com/diagnostics](http://www.siemens.com/diagnostics)

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**FIELD CORRECTION EFFECTIVENESS CHECK**

**ADVIA® 120/2120/2120i Hematology Systems**

**Additional Safety Information**

This response form is to confirm receipt of the enclosed Siemens Healthcare Diagnostics Urgent Field Safety Notice, 10709116 Rev A, dated September 2011, regarding Additional Safety Information. Please read each question and indicate the appropriate answer. Fax this completed form to your Siemens Customer Support Center.

1. The information in this document has been read and understood?    Yes     No
2. All the users of the ADVIA 120/2120/2120i instrumentation have been notified of the face shield recommendation.    Yes     No

Name of person completing questionnaire:

Title:

Institution:

Instrument Serial Number:

Street:

City:

State:

Phone:

PLEASE FAX THIS COMPLETED FORM TO YOUR SIEMENS CUSTOMER SUPPORT CENTER.

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