

**ADVIA® 2120/2120i Hematology System with ADVIA Autoslide Slide Maker Stainer**

**Incorrect Stain Solution in ADVIA Autoslide Giemsa Stain Lot L61225**

Our records indicate that your facility may have received the following product:

**Table 1. ADVIA 2120/2120i Hematology System with ADVIA Autoslide Slide Maker Stainer Affected Product(s)**

<b>Assay</b>	<b>Siemens Material Number (SMN)</b>	<b>Unique Device Identification (UDI)</b>	<b>Lot Number</b>	<b>Expiration Date (YYYY-MM-DD)</b>	<b>Manufacturing Date (YYYY-MM-DD)</b>
ADVIA Autoslide Giemsa Stain	10718483	00630414594965L6122520231217	L61225	2023-12-17	2022-06-17

**Reason for Correction**

The purpose of this communication is to inform you of an issue with the product indicated in Table 1 above and provide instructions on actions that your laboratory must take.

Siemens Healthcare Diagnostics Inc. has confirmed through investigation that the ADVIA Autoslide Giemsa Stain Lot L61225 was incorrectly filled with another stain solution. This results in pale staining of hematological slides.

Siemens Healthcare Diagnostics is currently investigating the root cause of this issue.

**Risk to Health**

Worst case, this issue may lead to an apparent delay in patient sample testing and reporting for various blood cells while the QC failure is investigated. The apparent delay would be mitigated by standard laboratory policies and procedures for back-up testing to enable uninterrupted generation of results to help guide patient care, as required by the clinical setting.

**Actions to be Taken by the Customer**

- Please review this letter with your Medical Director.
- Complete and return the Field Correction Effectiveness Check Form attached to this letter within 30 days.
- Discontinue use of and discard the kit lot listed in Table 1.
- Review your inventory of this product to determine your laboratory’s replacement needs and to provide information to Siemens Healthineers for reporting to the authorities.

## **Incorrect Stain Solution in ADVIA Autoslide Giemsa Stain Lot L61225**

- If you have received any complaints of illness or adverse events associated with the product listed in Table 1, immediately contact your local Siemens Healthineers Customer Care Center or your local Siemens Healthineers technical support representative.

Please retain this letter with your laboratory records and forward this letter to those who may have received this product.

We apologize for the inconvenience this situation may cause. If you have any questions, please contact your Siemens Healthineers Customer Care Center or your local Siemens Healthineers technical support representative.

### **Additional Information**

ADVIA is a trademark of Siemens Healthcare Diagnostics Inc.

# Incorrect Stain Solution in ADVIA Autoslide Giemsa Stain Lot L61225

## FIELD CORRECTION EFFECTIVENESS CHECK

Incorrect Stain Solution in ADVIA Autoslide Giemsa Stain Lot L61225

This response form is to confirm receipt of the enclosed Siemens Healthcare Diagnostics Urgent Field Safety Notice HC 23-02 dated February 2023 regarding Incorrect Stain Solution in ADVIA Autoslide Giemsa Stain Lot L61225. Please read each question and indicate the appropriate answer.

Return this completed form to Siemens Healthcare Diagnostics as per the instructions provided at the bottom of this page.

1. I have read and understood the Urgent Field Safety Notice instructions provided in this letter. Yes  No
2. Do you now have any of the noted product(s) on hand? Please check inventories before answering. Yes  No

If the answer to the question above is yes, please complete the table below to indicate the quantity of affected product in your laboratory and replacement product required.

Product Description Product Catalog #/SMN #/Lot #	Quantity of Affected Product in inventory Discarded/ Replacement Quantity Required
ADVIA® Autoslide Giemsa Stain/SMN 10718483/Lot L61225	

Name of person completing questionnaire: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_ Instrument Serial Number: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Country: \_\_\_\_\_

Customer Sold To #: \_\_\_\_\_ Customer Ship To #: \_\_\_\_\_

Please send a scanned copy of the completed form via email to XXXX@XXXX

Or to fax this completed form to the Customer Care Center at XXXXXX

If you have any questions, contact your local Siemens Healthineers technical support representative.