

Date: 01.11.2021


**Urgent Field Safety Notice (FSN)**  
**Crespine Gel +**  
**Recall**

Dear Customer

BioPolymer as manufacturer of Crespine Gel +, hereby notifies about the issue of a Field Safety Corrective Action relating to the aforementioned product.

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**Crespine Gel +**  
**Recall**

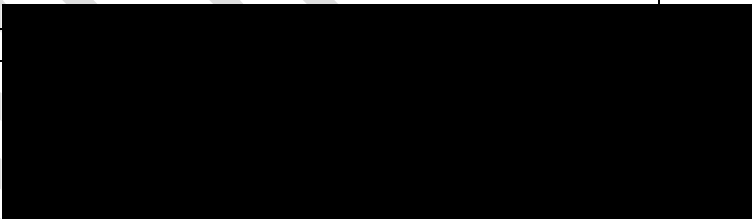
1. Information on Affected Devices	
1.	1. Device Type(s)  Crespine Gel + is a syringe of a visco-supplement containing prilocaine HCl.
	
1.	2. Commercial name(s) Crespine Gel +
1.	3. Unique Device Identifier(s) (UDI-DI) 0426011548004
1.	4. Primary clinical purpose of device(s) Crespine Gel + is injected into joints as a visco-supplement for the reduction of pain symptoms and improved functioning of the joints. For pain relief during injection the medical device contains prilocaine HCl as a medicinal substance with ancillary action →Minimized pain perception caused
1.	5. Device Model/Catalogue/part number(s) MD057
1.	6. Software version Not applicable
1.	7. Affected serial or lot number range All lots
1.	8. Associated devices Not applicable

2 Reason for Field Safety Corrective Action (FSCA)	
2.	1. Description of the product problem Manufacturer of prilocaine HCl not qualified and released by BioPolymer as supplier of raw materials for Crespine Gel +.
2.	2. Hazard giving rise to the FSCA Deviation from supplier qualification standards
2.	3. Probability of problem arising All products on the market are affected.
2.	4. Predicted risk to patient/users No risk for patients is predicted, as the used material conforms to Ph. Eur. specifications and is manufactured by GMP standards. No safety related complaints have been received.

**BioPolymer GmbH & Co. KG**

2.	Further information to help characterise the problem
	Problem can be characterized as a registration issue with no risk for patient safety.
2.	Background on Issue
	BioPolymer's supplier for prilocaine HCl did not notify about a change of the manufacturer.
2.	Other information relevant to FSCA
	None.

3. Type of Action to mitigate the risk	
3.	<p>1. Action To Be Taken by the User</p> <p> <input type="checkbox"/> Identify Device    <input type="checkbox"/> Quarantine Device    <input checked="" type="checkbox"/> Return Device    <input type="checkbox"/> Destroy Device  <input type="checkbox"/> On-site device modification/inspection  <input type="checkbox"/> Follow patient management recommendations  <input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU)  <input type="checkbox"/> Other                      <input type="checkbox"/> None </p>
3.	<p>2. By when should the action be completed?</p> <p>Specify where critical to patient/end user safety Not specified because not critical to patient safety.</p>
3.	<p>3. Particular considerations for:                      Implantable device</p> <p>Is follow-up of patients or review of patients' previous results recommended? No As mentioned before, the used raw material met all required safety specifications and manufacturing standards.</p>
3.	<p>4. Is customer Reply Required? (If yes, form attached specifying deadline for return)</p> <p style="text-align: right;">Yes</p>
3.	<p>5. Action Being Taken by the Manufacturer</p> <p> <input checked="" type="checkbox"/> Product Removal                      <input type="checkbox"/> On-site device modification/inspection  <input type="checkbox"/> Software upgrade                      <input type="checkbox"/> IFU or labelling change  <input type="checkbox"/> Other    <input type="checkbox"/> None </p>
3	<p>6. By when should the action be completed?</p> <p style="text-align: right;">Specify where critical to patient/end user safety</p>
3.	<p>7. Is the FSN required to be communicated to the patient /lay user?</p> <p style="text-align: right;">No</p>
3	<p>8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?</p> <p>N/A</p>

4. General Information		
4.	1. FSN Type	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows:	
	N/A	
4.	4. Further advice or information already expected in follow-up FSN?	No
4	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information	
	a. Company Name	BioPolymer GmbH & Co KG
	b. Address	Walsmühler Str. 18, 19073 Dümmer, Germany
	c. Website address	www.biopolymer.info
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers.	
4.	9. List of attachments/appendices:	
4.	10. Name/Signature	

**Transmission of this Field Safety Notice**

This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)

Please transfer this notice to other organisations on which this action has an impact. (As appropriate)

Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.

Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.

## Field Safety Notice (FSN) Distributor Reply Form

1. Field Safety Notice (FSN) information	
FSN Reference number	FSN001-2021
FSN Date	01.11.2021
Product/ Device name	Crespine Gel +
Product Code(s)	MD057
Batch/Serial Number (s)	All lots
2. Distributor Details	
Company Name	
Address	
Contact Name	
Title or Function	
Telephone number	
Email	
3. Return acknowledgement to Sender	
Email	info@biopolymer.info
Postal Address	Walsmühler Str. 18, 19073 Dümmer, Germany
Deadline for returning the Distributor reply form	Please return this form <b><u>within 5 working days</u></b> after receipt, even if your facility does not have any of the affected products in stock.

<b>4. Distributors</b>	
Please check the boxes below to indicate which measures have been completed. If a measure does not apply, please enter N/A in the right column.	
<input type="checkbox"/>	<b>I confirm the receipt, the reading and understanding of the Field Safety Notice.</b>
<input type="checkbox"/>	I have checked my stock
<input type="checkbox"/>	I have identified customers that received or may have received this device
<input type="checkbox"/>	I have informed the identified customers of this FSN
<input type="checkbox"/>	I have received confirmation of reply from all identified customers
<input type="checkbox"/>	I have returned affected devices - enter number of devices returned and date complete in list below.
<input type="checkbox"/>	Neither I nor any of my customers has any affected devices in inventory
Print Name	
Signature	
Date	

<b>5. List of returned products</b>	
When returning affected products, please include the lot number and quantity	
Lot Nr	Quantity

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.

Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.