

February 10, 2016

Contact Hospital Address

Urgent Recall for Product Correction

Colleague P1.7 CXE Triple & Single Channel Pump

Codes: 2M91617 & 2M91637

Operating Instructions - Secondary Infusions

TGA Reference Number: RC-2016-RN-00153-1

Dear Sir / Madam,

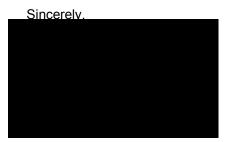
Baxter Healthcare is writing to inform you that the incorrect version of the COLLEAGUE Volumetric Infusion Pump operator's manual was supplied with your delivery of this machine.

Enclosed is a copy of your COLLEAGUE Operator's manual which includes the addendum with instructions regarding the user to reopen the regulating clamp (if one exists above the pump) on the primary set after the secondary infusion has completed. If you require additional CD copies of the operator's manual with the addendum, please indicate this on the reply form.

Please complete the attached Customer Reply Form and return it to Baxter at the number provided on the form. You may alternatively scan and email the form to helen_morrison@baxter.com. This will confirm your receipt of this Urgent Recall for Product Correction. Returning the Baxter Customer Reply Form promptly will prevent you from receiving repeated notifications.

We apologise for any inconvenience this may cause you and your staff. If you have any additional questions, please contact your local Baxter representative or Meg Kelly, Sales Training & Clinical Support Manager, on 02 88451669 or 0408408037.

This action has been undertaken following consultation with the Therapeutic Goods Administration.



Helen Morrison Quality Assurance

Baxter Healthcare Pty Ltd
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CUSTOMER REPLY FORM

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Please complete and return	this form to the F	AX number listed	below as confirma	ation tha
you have received this notification.	A fax cover shee	et is not required.		

Attention: Helen Morrison

Fax: 02 9848 1023

Email: helen_morrison@baxter.com

Facility Name and Address:	
Name:	
(Please Print Name)	
Title:	
(Please Print)	
Telephone Number:	
(Including Area Code)	
Additional copies required:	
	inderstanding the contents of the attached letter; performing the actions led; and dissemination of this information to staff and other services or
Signature/Date:	
-	
REQUIRED FIELD	

PLEASE ENSURE THE REPLY FORMS CONTAIN YOUR NAME, TITLE, SIGNATURE AND DATE IN THE ABOVE FIELDS.

RESPONDING TO THIS REQUEST WILL PREVENT THE RECEIPT OF UNECESSARY REPEAT NOTIFICATIONS CONCERNING THIS

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