

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](mailto: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.

Sincerely,



Helen Morrison  
Quality Assurance

Baxter Healthcare Pty Ltd  
A.B.N. 43 000 392 781  
PO Box 88, Toongabbie, NSW 2146, Australia  
1 Baxter Drive, Old Toongabbie, NSW 2146, Australia  
T (02) 9848 1111 F (02) 9848 1123  
[www.baxterhealthcare.com.au](http://www.baxterhealthcare.com.au)

## CUSTOMER REPLY FORM

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Please complete and return this form to the FAX number listed below as confirmation that you have received this notification. A fax cover sheet is not required.

**Attention: Helen Morrison****Fax: 02 9848 1023****Email: [helen\\_morrison@baxter.com](mailto:helen_morrison@baxter.com)**

Facility Name and Address:	
Name: (Please Print Name)	
Title: (Please Print)	
Telephone Number: (Including Area Code)	
Additional copies required:	

Your signature below indicates understanding the contents of the attached letter; performing the actions as outlined in the letter, as needed; and dissemination of this information to staff and other services or facilities, as applicable.

Signature/Date:  <b>REQUIRED FIELD</b>	
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**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 UNNECESSARY REPEAT NOTIFICATIONS CONCERNING THIS**