

## URGENT MEDICAL DEVICE RECALL NOTIFICATION

PRODUCT: Stryker® T4 and T5 Togas

ATTENTION: OR DIRECTOR, RISK MANAGER, MATERIALS MANAGER

March 6, 2018

The purpose of this notification is to advise you that Stryker Instruments is voluntarily recalling specific lots of various T4 and T5 Togas.

| Product<br>Number | Description   | Affected Lots   | Distribution Dates       |  |
|-------------------|---|---|--------------------------|--|
| 0400-710-000      | T4 Pullover Toga, (S/M)                               | 17071877  | 12-19-2017 to 12-28-2017 |  |
| 0400-760-000      | T4 Pullover Toga, Large                               | 17061780  | 12-27-2017 to 2-14-2018  |  |
| 0400-770-000      | T4 Pullover Toga, X-Large                             | 17061775, 17061781, 17061784,<br>17061793, 17102891, 17102916,<br>17102925, 17113013, 17113083  | 9-14-2017 to 2-2-2018    |  |
| 0400-820-000      | T4 Zipper Toga, (L/XL)                                | 17061810, 17061814, 17071903,<br>17071918, 17071920, 17071949,<br>17071960, 17071970, 17071974,<br>17071997, 17072002, 17072006,<br>17072016, 17102926, 17102971,<br>17113133 | 10-2-2017 to 2-14-2018   |  |
| 0400-820-100      | T5 Zipper Toga with Peel-<br>Away Face Shield, (L/XL) | 17061816, 17061836, 17061839, 17061853, 17071921, 17072017, 17102948  | 8-8-2017 to 2-14-2018    |  |
| 0400-830-000      | T4 Zipper Toga, Regular                               | 17113204  | 2-6-2018                 |  |
| 0400-850-000      | T4 Zipper Toga, X-Large                               | 17061835, 17061838, 17071891, 17071904  | 12-5-2017 to 1-16-2018   |  |

#### Risk to Health:

There is no additional risk to health.

## **Reason for the Voluntary Recall:**

Raw materials received from the supplier were not within specification leading to a potential for delamination (separation of material layers) to occur.

## **Product Description:**

T4 and T5 Togas are components of the Stryker Steri-Shield Personal Protection System and are intended to be worn over any Stryker T4 or T5 Helmet.



## Location of Product Number (blue) and Lot Number (red) on the packaging labels:

## **Package Label**



#### **Carton Label**



## Actions to be taken by the Customer/User:

- 1. Immediately review this Recall Notification.
- 2. Immediately check all stock areas and/or operating room storage for affected products. Quarantine and discontinue use of any affected T4 and T5 Togas.
- 3. Complete the enclosed Business Reply Form (BRF) to confirm receipt of this Notification and identify how many affected items are currently in your inventory. Please complete and return the BRF even if you don't have any affected product on hand. Fax the completed BRF to Stryker Instruments at 866-521-2762, or email to kara.spath@stryker.com.

Note: Your signature on the BRF indicates that you received and understand this Notification and have followed the instructions in the Notification.

- 4. If you have further distributed this product, please forward this Notification and the attached BRF to all affected locations. Please indicate each location on the BRF.
- 5. If the BRF for your facility indicates that recalled product is currently on hand, a FedEx label will be emailed to you and should be used to return recalled product. Upon receipt of the recalled product, a credit will be issued to your account.

We apologize for any inconvenience this action may cause your facility. Please forward a copy of this letter to any other personnel within your facility that you deem appropriate.

Stryker Corporation or its affiliates own, use, or have applied for the following trademarks or service marks: Stryker, Steri-Shield. All other trademarks are trademarks of their respective owners or holders.

Report any serious adverse events or product quality problems to Stryker Instruments: 1-800-253-3210

Health care professionals and consumers may report serious adverse events (side effects) or product quality problems with the use of this product to the FDA's MedWatch Adverse Event Reporting program either by fax or phone, or online. Fax: (800) FDA-0178 Phone: (800) FDA-1088 Online: www.fda.gov/Safety/MedWatch/HowToReport/default.htm



# **BUSINESS REPLY FORM**

# Stryker® T4 and T5 Togas

#### March 6, 2018

Acct.

| Quantity Shipped (Boxes of 10) | Product Number<br>Shipped | Lot Number(s) of Recalled<br>Product Shipped | Quantity On<br>Hand (Each) | Lot Number(s) of Product<br>On Hand |
|--------------------------------|---------------------------|--|----------------------------|-------------------------------------|
|                                |                           |  |                            |                                     |
|                                |                           |  |                            |                                     |
|                                |                           |  |                            |                                     |
|                                |                           |  |                            |                                     |

If you don't have any recalled T4 or T5 Togas on hand, please indicate "0" in the "Quantity On Hand" box (above).

- 1. Immediately review the Recall Notification.
- 2. Immediately check all stock areas and/or operating room storage to determine how many affected products are at your facility. Quarantine and discontinue use of any affected T4 and T5 Togas.
- 3. Complete this Business Reply Form (BRF) even if you don't have any affected product on hand. Fax the completed BRF to Stryker Instruments at 866-521-2762, or email to <a href="mailto:kara.spath@stryker.com">kara.spath@stryker.com</a>.

Note: Your signature indicates that you have received and understand the notification and have quarantined all unused affected product.

- 4. If you have further distributed this product, please forward the letter and BRF to all affected locations. Please indicate each location on the BRF.
- 5. If the BRF for your facility indicates that recalled product is currently on hand, a FedEx label will be emailed to you. This shipping label should be used to return recalled product. Upon receipt of the recalled product, a credit will be issued to your account.

| Acct.                |                            | Acco                                 | ount #:                         |                               |   |  |
|----------------------|----------------------------|--------------------------------------|---------------------------------|-------------------------------|---|--|
| Print Customer Name  |                            | Cus                                  | tomer Title                     | -                             |   |  |
| Contact Phone Number |                            |                                      | tomer Signature                 | Date                          |   |  |
| Email Add            |                            | Fax<br>d any affected product, pleas | Number<br>se indicate to whom b | elow:                         | - |  |
| Name                 | Address                    | City                                 | State                           | Zip                           |   |  |
| Contact Per          | ontact Person Phone Number |                                      | Part Numb                       | Part Number(s) and Quantities |   |  |

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## **Instruments**