December 2016

# Field Safety Notice Decreased Calibrator Slope For Toxo IgM

Dear Bio-Rad Customer,

This notification is regarding the BioPlex 2200 ToRC IgM Calibrator Set (Catalog No. 663-1700 and Lot No. 49659) and BioPlex 2200 ToRC IgM Control Set (Catalog No. 663-1730 and Lot No. 49526). During routine stability testing at the Norwest Manufacturing facility, a decreased calibrator slope was observed for Toxo IgM in the effected lots of BioPlex 2200 ToRC IgM Calibrator and Control Sets. The observed issue only affects the Toxo IgM results, and does <u>not</u> affect the Rubella IgM and CMV IgM results.

The observed decrease in calibrator slope for Toxo IgM in the effected lots of BioPlex ToRC IgM Calibrator and Control Sets presents the potential for a small increase in valid false negative results. Therefore, Bio-Rad is requesting to immediately discontinue use of the affected lots of BioPlex ToRC IgM Calibrator and Control Sets.

Please check your inventory for the product listed below. If you have received this product, complete the attached customer response form and return it to your local Bio-Rad Technical Support.

- BioPlex 2200 ToRC IgM Calibrator Set (Catalog No. 663-1700 and Lot No. 49659)
- BioPlex 2200 ToRC IgM Control Set (Catalog No. 663-1730 and Lot No. 49526).

Please contact your local Technical Support for replacement product and dispose of the effected lots according to local waste management procedures.

Thank you in advance for your cooperation. We apologize for any inconvenience this may cause.

Sincerely,

**CID Product Support** 

## **Customer Response Form**

Reference Number: 2950880-FCA16-007/2016-004

### Instructions:

- 1. Complete the information and sign where requested.
- 2. Please fax completed response form to your local Bio-Rad Technical Support number listed below.

Product	Catalog No.	Lot No.	Number of Sets
BioPlex 2200 ToRC IgM Calibrator Set	663-1700	49659	
BioPlex 2200 ToRC IgM Control Set	663-1730	49526	

Account Name:	
Cutomer Account Number:	
Contact Name / Title:	
Address:	
Telephone Number / Fax:	

#### STATEMENT:

I am aware of information about the field safety corrective action concerning the above
referenced product and have proceeded according to the instructions issued by Bio-Rad.

Please fax complete response form to your local Bio-Rad Technical Support.

Bio-Rad Technical Support Fax Number:



#### Bio-Rad Laboratories

#### Clinical Diagnostics Group

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Effective Date: December 2016