

# INMED

INMED MANUFACTURING SDN BHD. ("Inmed")  
c/o Teleflex,  
IDA Business & Technology Park  
Dublin Road, Athlone Co. Westmeath, Ireland

9<sup>th</sup> of December 2014

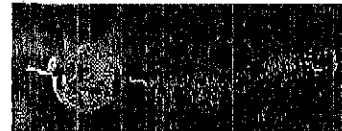
## URGENT - FIELD SAFETY NOTICE

CORRECTIVE ACTION			Recall		
RECALLS RELEVANCE			CAPA 006/14 (SCAR 040/13)		
Commercial Name	Model	Product Code	Alternative Part No.	Batch	
MAQUET Servo Filter Humidifier 173	01-06-8425-8	XKC01-06-8425-8	64 19 381		Appendix 2
MAQUET Servo Humidifier 163	01-06-8125-8	XKC01-06-8125-8	64 19 365		

Dear Customer,

### 1. Details of affected devices

Inmed has initiated a voluntary Field Safety Corrective Action for the above listed products that are distributed by MAQUET.



### 2. Description of the problem

Inmed Medical has issued a voluntary recall for the products listed in Appendix 2. Some connector mount cracks may lead to a leak failure during use, which will cause an equipment alarm and will necessitate immediate replacement in the breathing circuit.

If a leak exists and is left untreated, then the patient may be deprived of adequate anesthetic gases over a period of time and serious adverse health consequences may occur.

### FIELD SAFETY CORRECTIVE ACTION INSTRUCTIONS:

#### ADVICE ON ACTION TO BE TAKEN BY MEDICAL STAFF

- We request that you check your inventory for product within the scope of this field action. Users should cease use and distribution of stock of the affected product batch and quarantine immediately.
- If you do not have stock in scope of this field action as referred to in above table then mark the according checkbox on the Acknowledgement form (Appendix 2) and return the form to your MAQUET representative.
- If you have stock from the affected product as referred to in above table, mark the according checkbox on the Acknowledgement form (Appendix 2). Contact your local MAQUET representative who will issue you with a return number. Write this return number into the respective field in the Acknowledgement form.
- Complete 'Appendix 1' for all products in your possession and under control. Return this form immediately to your local MAQUET representative.
- Your local MAQUET representative will issue a credit note upon receipt of the returned affected product.

**INSTRUCTION FOR DISTRIBUTORS OF AFFECTED PRODUCT**

1. If you are a distributor, provide this field safety notice to all of your customers who have received product in scope of this Field Action. Your customer is then required to complete the acknowledgement form and return this to you.
2. As a Distributor you are required to confirm to Maquet Critical Care AB that you have completed the field activity outlined above. Upon completion of your actions, please forward the completed Acknowledgement Form to:

[Update-Reporting.MCC@maquet.com](mailto:Update-Reporting.MCC@maquet.com)

3. Please be aware that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities will be notified by Inmed.
4. If you are a distributor and/or have a reporting responsibility within or outside the EEA/CH/TK area, please notify your local Competent Authority of this action. Please forward the notification and all communication with your local competent authority to Inmed via your local MAQUET representative.

**3. Inmed**

Inmed informs all customers, employees of Inmed and distributors on this Field Action.

**4. Transmission of this Field Safety Notice**

This notice should be passed on to all persons who need to be aware within your organization or to any organization where the potentially affected devices have been transferred. Please consider end users, clinicians, risk managers, supply chain/distribution centers etc. in the circulation of this notice.


Maintain awareness of this notice until all required actions have been completed in your organization

**5. Contact reference person**

Should you require any further information or support concerning this issue, please contact your local Maquet representative.

Inmed is committed to providing high quality, safe and effective products. We sincerely apologize for any inconvenience this action may cause your operations. If you have any other questions, feel free to contact your local sales representative or Customer Service.

*For and on behalf of Teleflex,*

  
*Padraig Hegarty*  
*Senior Director of Quality International*

Appendix 1

Customer No: \_\_\_\_\_

**FIELD SAFETY CORRECTIVE ACTION**

Teleflex Ref: CAPA 006/14 (SCAR 040/13)

**Acknowledgement Form**

**URGENT ATTENTION REQUIRED**

**Medical Staff shall return completed form immediately to their local MAQUET representative**

**Distributors shall return completed form to: Update-Reporting.MCC@maquet.com**

Please check applicable box:

<input type="checkbox"/> We confirm receipt of this FSN and completed the required actions contained therein. We confirm that our inventory does <b>NOT</b> include products affected by this Field Action.	<input type="checkbox"/> We confirm receipt of this FSN and completed the required actions contained therein. We confirm our inventory <b>DOES</b> include products affected by this Field Action. The use and further distribution of the affected products has been stopped. All products are on hold and the quantity stated below will be returned.
<div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 0 auto;">Return Authorisation No _____</div>	

Please **CLEARLY** print the below return information:

Names of Affected Products:			
MAQUET Servo Filter Humidifier 173			
MAQUET Servo Humidifier 163			
Product Number	(Size)	Lot Number	Quantity (Returning)

<b>Return Instructions for Warehouse / Pharmacy Personnel:</b> <ul style="list-style-type: none"> <li>• Please label product returns as "Field Action Returns".</li> <li>• Include a copy of this form (including RAN Number) with product returns.</li> </ul> Returns excluding ALL necessary documentation <b>CANNOT</b> be processed.
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Institution Name - (Hospital, Health Care Organisation, etc.)	
Institution Address:	Email Address:
Form completed by:	Phone Number:
Print Name:	Institution Stamp:
Signature:	
Date:	

Appendix 2

Component Name	Material	Manufacturer	Part	Alternative Part
MAQUET Servo Filter Humidifier 173	01-06-8425-8	XKC01-06-8425-8	201245	64 19 381
			201306	
			201308	
			201318	
			201319	
			201331	
			201336	
			201337	
MAQUET Servo Humidifier 163	01-06-8125-8	XKC01-06-8125-8	201321	64 19 365
			201323	
			201324	