



(April XX, XXXX)

**FIELD CORRECTIVE ACTION, FCA# 2018-02
MANDATORY SOFTWARE UPDATE
CLARUS 500 WITH SOFTWARE VERSIONS 1.0.0, 1.0.1 and 1.0.2**

Dear Valued Customer:

With this notification, we would like to inform you about a mandatory software update for your ZEISS CLARUS® 500. This mandatory update only applies to CLARUS 500 devices with software versions 1.0.0, 1.0.1, and 1.0.2.

These versions of software have an issue which can result in data being misallocated when a specific workflow is used.

HOW TO UPDATE YOUR SOFTWARE TO 1.0.3 Version

To correct the issue, it is required that you perform the software update using the enclosed USB stick and follow the installation wizard instructions from your upgrade kit.

MANDATORY CONFIRMATION

We require your confirmation that the software was successfully updated. Please fill out the attached confirmation form and email to ZEISS (*local ZEISS office email on the form*) as soon as your upgrade has been completed. In case you no longer have your CLARUS 500 system, we kindly ask that you inform us of this fact and the disposition of the device.

We strive to ensure a high level of performance on any ZEISS device and an excellent experience for our customers. We apologize for any inconvenience you may experience. We will do our best to address your individual needs and concerns. In case of questions, please contact your ZEISS representative at (*SSC centralized contact phone number and/or email address*)

Sincerely,

(SSC Authorized Representative Signature and Title)

ATTACHMENT B: CLARUS 500 Software Update Mandatory Confirmation Form

Please email the completed form back to ZEISS team at: [\(email address of the local ZEISS office\)](#)

Check the statement below once upgrade has been performed, record the CLARUS 500 system serial number(s) and complete the fields below.

☐ The software update has been performed and our CLARUS 500 system(s) are all running 1.0.3.

Date of installation: _____

Signature: _____

Name: _____

Title: _____

Phone Number: _____

Email: _____

Institution / Practice / Consignee Name: _____

Note: If you possess more than one CLARUS 500 System, you may record each serial number on a separate confirmation form, or record all serial numbers on this form.

Serial Number(s) of CLARUS 500 System(s): SN CL500-5____

Serial Number of your CLARUS system: (Serial Number (SN) can be found in the base of the camera head – please see the picture referenced below).

