

EASMED ASIA Pte Ltd.;  
Sunnie  
11 Lorong 3 Toa Payoh  
Block B Jackson Square #01-13  
319579 Singapore

CC Chairman Medical Board and relevant Head of Departments

Hamburg, Monday, July 30, 2018

## Important safety notice

### Field service corrective action on power supply units for the sleep therapy devices SOMNObalance, SOMNOsoft 2, prisma SOFT and prisma SMART

Dear Sir or Madam,

Quality and safety are our highest priority, which is why we consider it important to implement the following corrective action linked to the potential risk due to overheating of external power supply units of the sleep therapy devices SOMNObalance, SOMNOsoft 2, prisma SOFT and prisma SMART.

#### From

Löwenstein Medical Technology GmbH + Co. KG

#### Addressee

Users and operators of sleep therapy devices of the type SOMNObalance, SOMNOsoft 2, prisma SOFT and prisma SMART.

#### Identification of the medical devices affected

SOMNObalance, SOMNObalance e

Article numbers: WM27410, WM27410HLO, WM27410CNO, WM29707

Serial numbers affected: See list of serial numbers attached.

Power supply units: WM 24480 with serial numbers: See list attached.

SOMNOsoft 2, SOMNOsoft2 e

Article numbers: WM29810HLO, WM29880

Serial numbers affected: See list of serial numbers attached.

Power supply units: WM 24480 with serial numbers: See list attached.

prisma SOFT

Article numbers: WM31630-1110, WM31631-1110, WM31631HL-4110, WM31630HL-4110

Serial numbers affected: See list of serial numbers attached.

Power supply units: WM 24480 with serial numbers: See list attached.

Prisma SMART:

Article numbers: WM31600-1110, WM31601-1110, WM31601HL-4110, WM31600HL-4110

Serial numbers affected: See list of serial numbers attached.

**Löwenstein Medical  
Technology GmbH + Co. KG**  
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www.loewensteinmedical.de  
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**Registration Court**  
Hamburg Municipal Court  
Dept. A, # 67 698  
Excise Tax ID DE 118051598  
**Certified QM System** meeting  
EC directive 93/42/EWG, Annex II  
(EN ISO 13485 / EN ISO 9001)

**General Partner**  
Löwenstein Medical Technology  
Verwaltungs GmbH, Hamburg  
**Registration Court**  
Hamburg Municipal Court  
Dept. B, # 8678  
**Creditor ID**  
DE25ZZZ00000353957

**Business Management**  
Benjamin Löwenstein  
Sascha Löwenstein

**Banking Connection**  
Deutsche Bank AG Hamburg  
BIC DEUTDE33  
IBAN DE61200700000640305900  
Commerzbank AG Hamburg  
BIC DRESDE33  
IBAN DE68200800000507338800

Power supply units: WM 24480 with serial numbers: See list attached.

**Description of the problem including the cause identified**

Routine quality testing on our products discovered that particular batches of external power supply units with article number WM 24480 overheat, leading to a potential risk to patients or users.

Following extensive analysis, we discovered that the manufacturer of the power supply unit had used defective components in production; in certain load ranges, these components exhibited excessive power loss, leading to the power supply units overheating.

It was possible to achieve overheating under certain trial conditions. No overheating during use of the devices in sleep therapy has been observed to date.

**What measures should be taken by the addressee?**

Under certain circumstances, power supply units WM 24480 from the batches mentioned may get too hot and present a risk to patients and users. Please inform your staff and affected customers accordingly about the potential risk from excessive temperature.

**Measure for customers / operators**

Check items in stock and quarantine affected power supply units. You may continue using power supply units not listed in this letter. The sleep therapy devices mentioned do not have faults and can likewise continue to be used once the power supply unit has been replaced.

Löwenstein Medical Technology GmbH + Co. KG will provide you with new power supply units in time for you to replace them without you needing to request them.

After you have received the new power supply units, use them to replace those already supplied to patients. Return the replaced power supply units from the affected lot to Löwenstein Medical Technology GmbH + Co. KG.

**Acknowledgment**

Please use the attached reply form to confirm receipt of this letter/that it has been forwarded.

**Passing on the information given here**

Please ensure that this safety information is brought to the attention of all users of the above-mentioned products and other people to be informed in your organization. If you have passed these products on to third parties, please forward a copy of this information on to them or inform the point of contact given below.

This measure will be reported to the relevant authority and the course of action agreed on.

Löwenstein Medical Technology GmbH + Co. KG apologizes for the inconvenience and disruption to your operational processes.

Yours sincerely,

pp. Thomas Weber

Director Quality Management and Regulatory Affairs

## REPLY

To the safety notice "Field service corrective action on power supply units for the sleep therapy devices SOMNObalance, SOMNOsoft 2, prisma SOFT and prisma SMART"

Original letter sent to:

Company  
Name  
Address  
Zip code, city

Please complete this reply form in full and return it to us by fax, e-mail or post:

Fax: **+49 40 547 02-476**  
e-mail: **customerservice@loewensteinmedical.de**

**Löwenstein Medical Technology GmbH + Co. KG**  
Safety Officer for Medical Devices  
Kronsaalsweg 40  
22525 Hamburg, Germany  
Germany

Please complete in full in block capitals:

- ☐ Company details are identical to the above address field
- ☐ Company details are different from the above address field. The company details are as follows:

Your customer number: \_\_\_\_\_

Company + address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- ☒ I hereby confirm receipt of this safety information and that I have read and understood its contents. This letter has been brought to the attention of all users of the product and other people in my organization who have to be informed.

Where we have passed on these products to third parties, a copy of this letter has been forwarded to them.

\_\_\_\_\_  
Name (in capitals)

\_\_\_\_\_  
Date, signature

\_\_\_\_\_  
Position