

Field Corrective Action

PH-20-001_A OUS October 2019

Thromborel® S

Thromborel S lot 565662 - Reduced on-board stability

Our records indicate that your facility may have received the following product:

Table 1. Thromborel S Affected Product(s)

| Assay | Catalog Number | Siemens Material Number (SMN) | Lot Number 565662 | Expiration Date (YYYY-MM-DD) | Manufacturing / 1 st Distribution Date (YYYY-MM-DD) | |
|--------------|-------------------|--|-------------------------|---------------------------------|--|--|
| Thromborel S | | | | | 2019-03-05 | |

Reason for Field Corrective Action

The purpose of this communication is to inform you of an issue with the product indicated in Table1 above and provide instructions on actions that your laboratory must take.

Siemens Healthcare Diagnostics Products GmbH has confirmed that Thromborel S lot 565662 is showing a decreased on-board stability after reconstitution. Therefore, Thromborel S lot 565662 does not meet the claims given within the respective Reference Guides (Application Sheets). This applies for all analyzer the reagent is intended to be used with.

The reduced on-board stability will be detected by the Quality Controls as they will be found outside the assigned ranges given within the Table of Assigned Values.

Siemens Healthcare Diagnostics Products GmbH is currently investigating this issue.

Risk to Health

The reduced on-board stability of the Thromborel S lot 565662 is detected by the tight criteria for our Quality Controls, which are working as intended and behave equivalent to the patient samples.

Quality Controls recovering outside the assigned range lead to invalid runs and patient results must not be reported.

Therefore, it is not necessary to review previous test results or to repeat testing as there is no additional incremental risk based on the current use of the assay.

Actions to be Taken by the Customer

Please review this letter with your Medical Director.

Discontinue use of Thromborel S lot 565662 and discard the remaining kits of the affected lot.

Review your inventory of these products to determine your laboratory's replacement needs and contact your Siemens Healthineers representative for an alternative lot of Thromborel S replacement.

Complete and return the Field Correction Effectiveness Check Form attached to this letter within 30 days.

Please retain this letter with your laboratory records and forward this letter to those who may have received this product.

We apologize for the inconvenience this situation may cause. If you have any questions, please contact your Siemens Healthineers Customer Care Center or your local Siemens Healthineers technical support representative.

Sincerely yours,

i. V. Dr. Norbert Dedner

Senior Director

Quality Systems & Compliance

i. A. Thomas Scholz

Product Manager

Global Marketing Hemostasis

Thromborel is a trademark of Siemens Healthcare Diagnostics Products GmbH

FIELD CORRECTION EFFECTIVENESS CHECK

Thromborel S lot 565662 - Reduced on-board stability

This response form is to confirm receipt of the enclosed Siemens Healthcare Diagnostics Medical Device Recall PH-20-001_A OUS dated October 2019 regarding Thromborel S lot 565662 – Reduced on-board stability. Please read each question and indicate the appropriate answer.

Return this completed form to Siemens Healthcare Diagnostics as per the instructions provided at the bottom of this page.

| 1. | this letter. | Yes 🛽 | No 🛘 | | | |
|-------------------------------------|---|---|--------------------------------------|-----------------------------------|--|--|
| 2. | Do you now have any of the noted product(s) on han inventories before answering. | Yes 🗆 | No 🗆 | | | |
| | If the answer to the question above is yes, please co indicate the quantity of affected product in your labor product required. | emplete the table below to ratory and replacement | | | | |
| | Product Description Product Catalog #/SMN #/Lot # | Quantity of Affected Product in inventory Discarded Replacement Quantity Required | | | | |
| Thron | nborel S | | | - Costana | | |
| | og # OUHP29 / SMN # 10446442 65662 | | | | | |
| Name o | of person completing questionnaire: | | | | | |
| Title: | | | | | | |
| Institution | on: | Instrument Serial Num | ber: | | | |
| Street: | | 71.7 | | | | |
| City: | | State: | | | | |
| Phone: | | Country: | | | | |
| Custom | er Sold To #: | Customer Ship To #: | | | | |
| Please so e-mail ad the regio | end a scanned copy of the completed form via email to ldress: <u>uscctsfcaecfax.team@siemens-healthineers.co</u> n). | o XXXX@XXXX (<mark>for the US</mark> om, for the OUS letter the in | ONLY letter us oformation will be | e the following e filled in by | | |
| number: in yellow | this completed form to the Customer Care Center at X (312) 275-7795, for the OUS letter the information will prior to sending. | l be filled in by the region) d | elete the Not Ap | wing phone plicable text | | |
| If you hav | ve any questions, contact your local Siemens Healthine | eers technical support repre | sentative. | | | |
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