

Month xx, 2020

**URGENT FIELD SAFETY NOTICE**  
**Datascope/Getinge IAB Potential Endotoxin Contamination**

Linear 7.5Fr 25cc IAB  
 Linear 7.5Fr 40cc IAB  
 Linear 7.5Fr 34cc IAB

Sensation 7Fr 34cc IAB  
 Sensation 7Fr 40cc IAB  
 Sensation Plus 7.5 Fr 40cc IAB  
 Sensation Plus 8Fr 50cc IAB

MEGA 7.5Fr 30cc IAB  
 MEGA 7.5Fr 40cc IAB  
 MEGA 8Fr 50cc IAB

<b>KIT Part Numbers and LOT numbers</b>	The IAB Kit LOTS that were shipped to you and may potentially contain affected serial numbers are listed in <b>Table 1</b>
<b>Affected IAB Serial Numbers:</b>	Affected serial numbers to screen for are listed in <b>Table 2</b>
<b>IAB Manufacturing Dates:</b>	[February 3, 2017] through [February 21, 2020]
<b>KIT Distribution Dates:</b>	[February 9, 2017] through [May 21, 2020]

**PLEASE FORWARD THIS INFORMATION TO ALL CURRENT AND POTENTIAL DATASCOPE/GETINGE IAB USERS WITHIN YOUR HOSPITAL / FACILITY. IF YOU HAVE FURTHER DISTRIBUTED ANY OF THE AFFECTED PRODUCTS, FORWARD THIS INFORMATION TO THE RECIPIENT.**

**IF YOU HAVE FURTHER DISTRIBUTED ANY OF THE AFFECTED PRODUCTS, FORWARD THIS INFORMATION TO THE RECIPIENT.**

Dear Risk Manager,

Datascope/Getinge is initiating a voluntary Recall-Removal involving certain Intra-Aortic Balloon Catheters (IABs) that may not meet the requirement for endotoxin per AAMI ST72. Datascope/Getinge performs functional testing on a small number of units from every lot prior to sterilization and these functionally-tested units may pose an elevated risk of endotoxin contamination compared to normal production IABs. These functionally-tested units can be identified by serial number and represent less than 1% of total IABs distributed in this timeframe.

**Identification of the issue**

The issue is not detectable by the end user. Datascope/Getinge has determined that the affected IABs may not meet the requirement for endotoxin per industry Standard AAMI ST72. All affected IABs can be identified using the Product Labeling and serial number on the Y-fitting of the IAB, quarantined and returned to Datascope/Getinge.

**Risk to Health**

Physicians would not be able to detect elevated levels of endotoxin before a device is used on a patient. Moreover, since patients in need of this therapy are at higher risk for a systemic inflammatory response including fever, the sole presence of such signs and symptoms usually would not allow identification of a pyrogenic device as root cause. Several drugs administered during and after

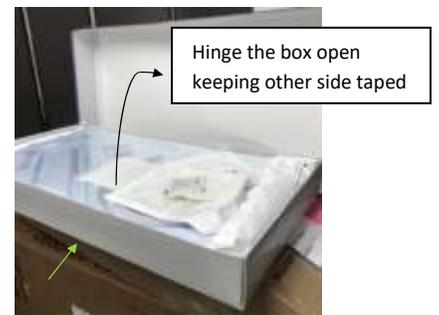
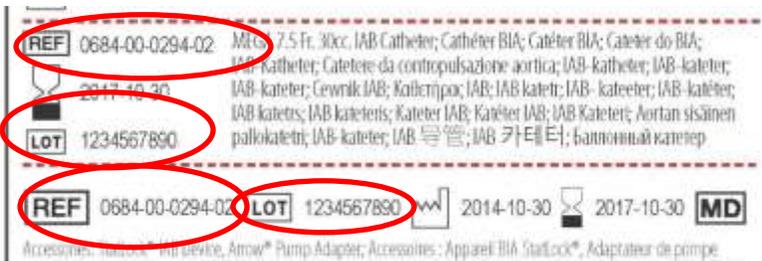
procedures or during intensive care stay may even limit the extent of activation of endotoxin-associated cascades.

To date, Getinge/Maquet has not received any complaints or adverse events regarding this issue.

**Actions to be taken:**

Our records indicate that you received potentially affected IAB Serial Numbers identified in [Table 2]. Please complete the steps below:

- Monitor patients for pyrogens reaction/humoral immune response/ coagulation and complement cascades/ inflammation. Monitor and treat any signs of inflammation according to your facility’s protocols and clinical judgment.
- Please examine your inventory immediately, remove and quarantine any unexpired affected IAB following the steps below:
  - Identify any unexpired IAB Kits referencing the *part and lot numbers* listed in [Table 1]. The Kit part and lot numbers can be found on the Outer Shelf Carton as circled in RED in the *example* below. REF denotes part number and LOT denotes lot/batch number.



- Using steps below, Identify any IAB Y-fittings with *serial numbers* listed in [Table 2].
  - Remove tape on **one** side of the Shelf Carton.
  - Hinge the box open, keeping the other side taped.
  - Do not remove any items from the carton. Instead, Lift the Accessories up and locate the Y-Fitting through the clear Mylar overwrap.
  - Read the serial number off the IAB Y-Fitting. (See below for example. IAB SN will appear is the area circled in RED.)



- If you find an IAB with a serial number listed in [Table 2], immediately place the entire Kit in quarantine for return and replacement or credit.
- If the affected serial number is not found, close the carton and re-seal. Cut out and affix one of the enclosed labels to designate the kit has been checked for affected recall Serial Numbers and may be placed back in stock. Color copies may be made and affixed with tape.
- **If you have unexpired affected product to return, please contact Getinge Customer Service at X-XXX-XXX-XXXX insert local SSU information to request a return authorization number (RMA) and shipping instructions.**
- **Whether you have affected product or not, please complete and return the form (including all pages) to acknowledge this recall by fax or email to insert SSU information here.**

This voluntary recall only affects specific IAB serial numbers manufactured between February 3, 2017 and February 21, 2020. No other products are affected by this voluntary recall.

Sincerely,

Insert SSU information here

**URGENT FIELD SAFETY NOTICE**  
**Datascope/Getinge IAB Endotoxin Issue Recall**  
**Customer Response Form**

Linear 7.5Fr 25cc IAB  
 Linear 7.5Fr 40cc IAB  
 Linear 7.5Fr 34cc IAB

Sensation 7Fr 34cc IAB  
 Sensation 7Fr 40cc IAB  
 Sensation Plus 7.5 Fr 40cc IAB  
 Sensation Plus 8Fr 50cc IAB

MEGA 7.5Fr 30cc IAB  
 MEGA 7.5Fr 40cc IAB  
 MEGA 8Fr 50cc IAB

**Facility Name**

**Address**

**Address**

If you have **NO AFFECTED UNEXPIRED SERIAL NUMBERS** at your facility, please check box and complete this form!

If you have any un-expired affected SERIAL NUMBERS for return and replacement or credit, please complete the form below by circling any serial numbers if found. If you have affected product to return, please contact Getinge Customer Service at [enter SSU information here](#).

Finished Goods Kit Part Number	Finished Goods Batch	Serial Number	Quantity Returned	Getinge RMA No.

**ACKNOWLEDGMENT:**

By signing below, I acknowledge that I have read and understand this Medical Device Recall Notice for the recalled Maquet/Getinge Intra-Aortic Balloon Catheter Endotoxin recall. I confirm that all IAB users at this facility have been notified accordingly.

Confirm the Facility Name you are responding for	
Address	
Signature	Date
Name	Phone
Title	Department

**FAX BACK TO: [SSU info](#) OR EMAIL TO: [SSU info](#)**