

**December 08, 2015** 

To: Risk Managers

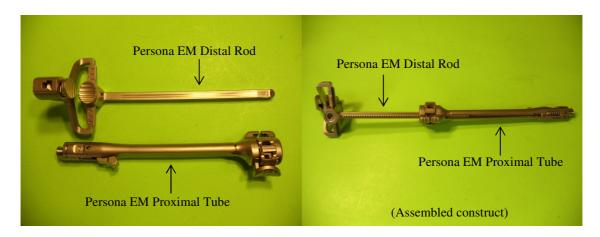
Subject: URGENT FIELD SAFETY NOTICE – REMOVAL - LOT SPECIFIC

Affected Product: Persona EM Proximal Tube, 42-5399-001-00, and

Persona EM Distal Rod, 42-5399-002-00

| Affected lots of | Affected lots of |
|------------------|------------------|
| 42-5399-001-00   | 42-5399-002-00   |
| 62137111         | 62137112         |
| 62156913         | 62156914         |
| 62222598         | 62222599         |

Zimmer Biomet is initiating a lot specific recall of the Persona EM Proximal Tube and Persona EM Distal Rod. During a complaint investigation it was identified that the previous version of the instruments may not properly mate with the current version. Affected devices were distributed between the dates of July 2012 and December 2012.



Persona EM Proximal Tube and Persona EM Distal Rod



| Risks   |               |                                      |  |  |
|---|---------------|--------------------------------------|--|--|
| Immediate health  | Most Probable | Worst Case                           |  |  |
| consequences (injuries or illness) that may result from use of or exposure to the device issue. | None          | Minor Delay of Surgery (< 5 minutes) |  |  |
| Long range health   | Most Probable | Worst Case                           |  |  |
| consequences (injuries or illness) that may result from use of or exposure to the device issue. | None          | None                                 |  |  |

### Your Responsibilities

- 1. Review the notification and ensure affected personnel are aware of the contents.
- 2. Assist your Zimmer Biomet sales representative with the quarantine of any affected product.
- 3. Your Zimmer Biomet sales representative will remove the recalled product from your facility.
- 4. Complete the Certificate of Acknowledgement Form (Attachment 1) and return to fieldaction.emea@zimmerbiomet.com
- 5. Include a completed Certificate of Sterilization (Attachment 2) with units being returned to Zimmer Biomet.
- 6. If after reviewing this notification you have further questions or concerns please contact your local Zimmer Biomet representative.

#### **Vigilance Information**

This voluntary notification will be reported to the local Competent Authorities.

Any adverse reactions experienced with the use of these products, and/or quality problems may also be reported according to MEDDEV 2.12-1 Rev. 8 to the local health authority in your country.

Please keep Zimmer GmbH informed of any adverse events associated with this device or any other Zimmer Biomet product. Adverse events may be reported to Zimmer Biomet at winterthur.per@zimmerbiomet.com, or to your local Zimmer Biomet representative.



**Affected Product:** 

# **ATTACHMENT 1**

### **Certificate of Acknowledgement:**

Persona EM Proximal Tube p/n: 42-5399-001-00 and

|                 | Persona EM Distal Rod p/n: 42-5399-002-00                       |                          |               |                |            |          |
|-----------------|---|--------------------------|---------------|----------------|------------|----------|
|                 | Please email or fax the com                                     | apleted form to your loc | al Zimme      | r Biomet conta | act        |          |
|                 | Fax / Email   | /                        |               | <u></u>        |            |          |
| By signinotice. | ng below, I acknowledge that th                                 | ne required actions have | e been tak    | en in accordan | ce with th | e Recall |
| Printed         |   | -                        |               |                |            |          |
| Name: _         |   | Signature:               |               |                |            |          |
| Title:          |   | Telephone: ( )           | <del></del> - | Date: _        |            |          |
|                 |   |                          |               |                |            |          |
|                 | his form and affected product<br>red closed for your account. P |                          |               |                |            |          |
|                 |   |                          |               |                |            |          |
|                 |   |                          |               |                |            |          |

Please do not return recalled product with other returns.

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## **ATTACHMENT 2**

## **CERTIFICATE OF STERILIZATION**

Persona EM Proximal Tube (p/n: 42-5399-001-00) and Persona EM Distal Rod (p/n: 42-5399-002-00)

By signing below, I acknowledge that the instrumentation being returned to Zimmer Biomet, Inc. has been clean and sterilized prior to being returned.

| Describe the method of disinfo | ecting:                              |              |
|--------------------------------|--------------------------------------|--------------|
| Printed Name:                  | Signature:                           |              |
| Title:                         | Telephone: ( )                       |              |
| Date:/                         |                                      |              |
| Territory Number:              |                                      |              |
| Account Name:                  |                                      |              |
| Note: Please ensure this form  | is included with the returned parts. |              |
|                                |                                      | ZFA 2015-149 |