Teleflex Medical
IDA Business & Technology Park
Dublin Road, Athlone
Co. Westmeath, Ireland

28th October 2016

URGENT - FIELD SAFETY NOTICE

Type of Action		Recall			
Teleflex Reference:		EIF-000093			
Commercial Name		LMA® MAD Nasal™ Intranasal Mucosal Atomization Device			
Product Code	**Batch/ Lot#**	**Product Code**	**Batch/ Lot#**	**Product Code**	**Batch/ Lot#**
MAD100	160105	MAD130OS	160436	MAD300	160409
	160137		160803		160422
	160302	MAD140	160125		160432
	160321		160218		160440
	160402		160437		160500
	160435		160610		160518
	160506		160801		160602
	160523	MAD140OS	160226		160611
	160609		160438		160621
	160620		160727		160631
	160707	MAD300	160108		160701
	160802		160117		160708
	160813		160126		160718
MAD100OS	160322		160145		160728
	160524		160146		160800
	160630		160200		160804
MAD110	160217		160219		160814
	160507		160225		160816
MAD110OS	160240		160231		160823
	160312		160300	MAD300B	160410
MAD130	160107		160313		
	160138		160327		
	160517		160400		

Dear Customer,

Details of affected devices
Teleflex has initiated a voluntary Field Safety Corrective Action for the above listed products.

Description of the problem
Teleflex Medical is recalling these products as they may not deliver a fully atomized plume of medication. Teleflex Medical has received complaints that the affected lots produced a straight stream instead of an atomized spray. The failure of the device to deliver an atomized plume may impair the effectiveness of the medication with which it is used. This can lead to serious injury or death in certain emergency situations, such as where the device is used in an off-label manner for needle-free delivery of drugs for reversal of life threatening narcotic overdose, reversal of life threatening hypoglycemia, or treatment of epileptic seizures.

FIELD SAFETY CORRECTIVE ACTION INSTRUCTIONS
ADVICE ON ACTION TO BE TAKEN BY MEDICAL STAFF

1. We request that you check your inventory for product within the scope of this field action. Users should cease use and distribution of stock of the affected product batch and quarantine immediately.

2. If you do not have stock in scope of this field action as referred to in above table then mark the according checkbox on the Acknowledgement form (Appendix 1) and return the form to the fax number or e-Mail-address mentioned below.

3. If you have stock from the affected product as referred to in above table, mark the according checkbox on the Acknowledgement form (Appendix 1). Contact customer service by calling the phone number mentioned below who will issue you with a return number. Write this return number into the respective field in the Acknowledgement form.

4. Complete 'Appendix 1' for all products in your possession and under control. Return this form immediately to Customer Service.

5. Teleflex (or your local dealer) will issue a credit note upon receipt of the returned affected product.

INSTRUCTION FOR DISTRIBUTORS OF AFFECTED PRODUCT

1. If you are a distributor, provide this field safety notice to all of your customers who have received product in scope of this Field Action. Your customer is then required to complete the acknowledgement form and return this to you.

2. As a Distributor you are required to confirm to Teleflex that you have completed the field activity outlined above. Upon completion of your actions, please forward the completed Acknowledgement Form to Customer Service.

3. Please be aware that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities in which Teleflex distribute directly will be notified by Teleflex.

4. If you are a distributor and/or have a reporting responsibility within or outside the EEA/CH/TK area, please notify your local Competent Authority of this action. Please forward the notification and all communication with your local competent authority to Teleflex.

Teleflex

Teleflex informs all customers, employees of Teleflex and distributors on this Field Action.

Transmission of this Field Safety Notice

This notice should be passed on to all persons who need to be aware within your organization or to any organization where the potentially affected devices have been transferred. Please consider end users, clinicians, risk managers, supply chain/distribution centres etc. in the circulation of this notice.
Maintain awareness of this notice until all required actions have been completed in your organisation.

Contact reference person

Should you require any further information or support concerning this issue, please contact:

Customer Service
Contact: Herr Horst Erbe
Telephone: 07151 / 406 – 431
Fax: +49 7151 / 406-566
e-mail: horst.erbe@teleflex.com

Please be advised that all European Economic Area/Switzerland (EEA/CH) and Turkey Member State Competent Authorities to which Teleflex distribute directly will be notified by Teleflex. Teleflex is committed to providing high quality, safe and effective products. We sincerely apologize for any inconvenience this action may cause your operations. If you have any other questions, feel free to contact your local sales representative or Customer Service.

For and on behalf of Teleflex,

[redacted]

Appendix 1

Customer No. _____

FIELD SAFETY CORRECTIVE ACTION ACKNOWLEDGEMENT FORM

PRODUCT FIELD ACTION BY TELEFLEX - IMMEDIATE ATTENTION REQUIRED

Ref. EIF-000093: LMA® MAD Nasal™ Intranasal Mucosal Atomization Device

RETURN COMPLETED FORM IMMEDIATELY TO:

FAX: +49 7151 /406-566 E-mail: horste.erbe@teleflex.com

☐ We confirm receipt of this FSN and completed the required actions contained therein. We confirm that our inventory does **NOT** include products affected by this Field Action.	☐ We confirm receipt of this FSN and completed the required actions contained therein. We confirm our inventory does include products affected by this Field Action. The use and further distribution of the affected products is stopped. All products are put on hold and the amount below will be returned. **Return Authorisation No _____**

PLEASE PRINT PRODUCT QUANTITY NUMBERS CLEARLY.

COMMERCIAL NAME OF AFFECTED PRODUCTS:	**LMA® MAD Nasal™ Intranasal Mucosal Atomization Device**	
PRODUCT NUMBER	**LOT NUMBER**	**QUANTITY**

- Include a copy of the **completed Acknowledgement Form** in the returns package with the returned units
- Ensure the **RAN number is clearly visible** on the returns package.
- Please label returns as "**Field Action Returns"**

Complete this Acknowledgement form and return immediately by using the fax number or e-mail address above.

INSTITUTION NAME (EG NAME OF HOSPITAL, HEALTH CARE ORGANISATION)	
INSTITUTION ADDRESS	**Phone / Fax**
FORM COMPLETED BY:	**Stamp**
PRINT NAME:_____ **SIGNATURE:_____**	
DATE	