

# RANDOX

## Urgent Field Safety Notice

**Date:** 6<sup>th</sup> February 2017

**Complaint Reference:** 285      **Action Type:** Device Modification

**Detail on Affected Devices:**

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

Assay	Catalogue Number	GTIN	Batch / Lot number	Expiry Date	Manufacturing Date
CRP calibrator	CP2479	05055273201697	398677	28th Feb 2018	21st Oct 2016

**Reason for Recall:**

Randox identified a labelling error on the value sheet of CRP calibrator CP2479. The target concentrations quoted on the IFU for calibrator levels 5 and 6 were 1.08mg/dl and 2.15mg/dl. The correct values are 10.75mg/dl and 21.49mg/dl respectively.

**Risk to Health:**

The analyser will fail to calibrate leading to delay in diagnosis as the assay will not run.

**Action to be taken:**

- Value sheet has been updated and should be placed into any remaining stock. (Please see attached)
- Discuss the contents of this notice with your Medical Director.
- Complete and return the vigilance response section of this form to [technical.services@randox.com](mailto:technical.services@randox.com) within five working days.)

**Transmission of Field Safety Notice:** Send a copy of the FSN to all affected customers and to those who need to be aware within your organisation.

**Contact Reference:**

Randox Technical Services  
Randox Laboratories Ltd,  
55 Diamond Road,  
Crumlin,  
United Kingdom,

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Form No. 6307-TS  
REVISION (8)  
27<sup>th</sup> September 2016

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## Urgent Field Safety Notice

BT29 4QY

Email: [technical.services@randox.com](mailto:technical.services@randox.com)

Tel: +44 (0) 28 9445 1070

Fax: +44 (0) 28 9445 2912

Please accept our apologies for any inconvenience caused. Thank you for your patience and understanding. If you have any questions or concerns please contact Radox Technical Services.

**The undersigned confirms that this notice has been notified to the appropriate Regulatory Agency**

Pine Armstrong

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## Urgent Field Safety Notice

**Vigilance Response Form** (Response Plan must be completed by the importer of the device)

**Importer Details**

Company Name	
Address	

**Total Quantity**

Received	
Distributed	

**Area of Distribution**

(To be completed by Distributors and Radox Offices)

Consignee	Country	Quantity Received	Analyser Serial Number	Replacements Required

I have read and understood the Urgent Field Safety Notice. The actions to be taken are completed.

Completed By				Date	
Contact	Tel		Email		

