

May-2023

URGENT – FIELD SAFETY NOTICE

| Type of Action | Recall | | | | |
|--------------------|--|------------|------------|------------|------------|
| Teleflex Reference | EIF-000535 | | | | |
| Product Name | HORIZON® Microclip™ Titanium Ligating Clips w/tape | | | | |
| Product Code | Lot Numbers | | | | |
| 005200 | 73A2200857 | 73A2300018 | 73A2300176 | 73A2300326 | 73A2300520 |
| | 73A2300778 | 73D2200216 | 73D2200559 | 73E2200634 | 73E2200874 |
| | 73E2201099 | 73F2200193 | 73F2200200 | 73F2200482 | 73F2200711 |
| | 73G2200168 | 73G2200345 | 73G2200560 | 73G2200754 | 73H2200115 |
| | 73H2200294 | 73H2200433 | 73H2200453 | 73J2200747 | 73J2200763 |
| | 73K2200014 | 73K2200095 | 73K2200101 | 73K2200299 | 73K2200566 |
| | 73K2200713 | 73L2200064 | 73L2200066 | 73L2200323 | 73L2200448 |
| | 73L2200717 | 73L2200902 | 73M2200129 | 73M2200367 | |

Note: Reference **Appendix 2 for Unique Device Identifier (UDI) information**

Dear Customer,

Details of affected devices

Teleflex Medical Europe Limited has initiated a voluntary Field Safety Corrective Action (“FSCA”) for the above listed products; refer to Appendix 2 for Unique Device Identifier (“UDI”).

Description of the problem & immediate actions required

Teleflex Medical Europe Limited is initiating this voluntary FSCA for the above-listed products because the clip cartridges for the affected product is missing a key feature that restricts the application of the clip to the applier. With this step feature missing on the cartridge, the clip is mounted in a more variable position, allowing the clips to load farther back in the clip applier jaw grooves. This may potentially result in inappropriate or inadequate clip application to vascular structures. Additionally, this introduces a further risk to the patient whereby the tips of the applier may project further past the tissue to be ligated, potentially risking injury to other distal anatomical structures.

As of 05-April-2023, 2 complaints reporting difficulty loading clips have been received for products in scope of this field correction. 1 complaint has been received for the identified missing feature on the clip cartridge.

No patient injuries have been reported at this time.

Our records indicate you have received products that are subject to this FSCA.

Depending on your device location please adhere to the following Action list:

| Device location | Action List Number |
|---|--------------------|
| Medical facilities (hospitals, medical staff, etc.) | 1 |
| Distributors | 2 |

Action list number 1 – Medical facilities

1. We request that you immediately check your inventory for product within the scope of this FSCA. Users should cease use and distribution of affected product and immediately quarantine the affected product.
2. If you have impacted product, mark the applicable checkbox on the Acknowledgement Form (Appendix 1) and contact Teleflex Customer Service by calling the phone number provided below. Teleflex Customer Service will issue a Return Goods Authorisation (RGA) number to you. Write the (RGA) number into the respective field in the Acknowledgement Form and promptly return this form to the e-mail address below.
3. If you do not have impacted product, mark the applicable checkbox on the Acknowledgement Form (Appendix 1) and return the form to Teleflex at the contact details provided.
4. Teleflex (or your local dealer) will issue a credit note upon receipt of the returned affected product.

Action list number 2 – Distributors

1. Provide this field safety notice to all customers who have received impacted product. Each of your customers is then required to complete the Acknowledgement Form and return it to you.
2. We request that you immediately check your inventory for impacted product. Cease use and distribution of impacted product and immediately quarantine the affected product. You may then return all product in scope.
3. As a distributor, you are then required to confirm to Teleflex that you have completed the field activity outlined in actions 1 and 2 of this Action List Number 2. Upon completion of your actions, please forward the completed Acknowledgement Form to the e-mail address below.
Important - Please ensure you only list batch numbers in scope of this Field Safety Notice when completing this form.
4. Please be aware that all European Economic Area/Switzerland, United Kingdom (EEA/CH/UK) and Turkey (TR) Competent Authorities in which Teleflex distribute directly will be notified by Teleflex.
5. If you have further distributed product outside of your country, please notify Teleflex Customer Service by return e-mail to the e-mail address below.
6. If you are a distributor and/or have a reporting responsibility within or outside the EEA/CH/UK/TR area, please notify your local Competent Authority of this action. Please forward the notification and all communication with your local competent authority to Teleflex.

Adverse reactions or quality problems experienced with the use of this product should be reported to Teleflex Customer Service at the contact information below.

Transmission of this Field Safety Notice

This notice should be passed on to all persons who need to be aware within your organisation or to any organisation 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. Please 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:** Shane Kenny**Telephone:** +353 (0)86 3479154**Email:** Recalls.Intl@teleflex.com

Teleflex is committed to providing high quality, safe and effective products. We regret any inconvenience this action may cause your operations. If you have any other questions, please contact your local Teleflex sales representative or Teleflex Customer Service.

The undersign confirms this notice has been notified to the appropriate Regulatory Authority.

For and on behalf of Teleflex,

Padraig Hegarty

Padraig Hegarty VP, Global QA (Manufacturing)

FIELD SAFETY CORRECTIVE ACTION ACKNOWLEDGEMENT FORM

PRODUCT FIELD ACTION BY TELEFLEX – IMMEDIATE ATTENTION REQUIRED

Ref. EIF-000535

RETURN COMPLETED FORM IMMEDIATELY TO:

E-mail: Recalls.Intl@teleflex.com

| | |
|---|--|
| <input type="checkbox"/> We confirm receipt of this FSN and completion of the required actions contained therein. We further confirm that our inventory does NOT include products impacted by this Field Action. | <input type="checkbox"/> We confirm receipt of this FSN and completion of the required actions contained therein. We further confirm our inventory DOES include products impacted 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 Goods Authorisation No _____ |
|---|--|

Complete this Acknowledgement Form and return the completed form immediately using the contact information above.

| Product code | Lot/batch number | Quantity returning |
|---|------------------|--------------------|
| Important - Please ensure you only list batch numbers in scope of this Field Safety Notice when completing this form. | | |
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| | | |
| <ul style="list-style-type: none"> Include a copy of the completed Acknowledgement Form in the returns package with the returned units Ensure the RGA number is clearly visible on the returns package Please label returns as "Field Safety Returns" | | |
| Note: Non-FSCA product returns should be processed per standard product return processes. | | |

| | | |
|--|---|-------------|
| INSTITUTION NAME (E.G., NAME OF HOSPITAL, HEALTH CARE ORGANISATION) | | |
| | | |
| INSTITUTION ADDRESS | PHONE/FAX/E-MAIL | |
| | | |
| FORM COMPLETED BY | STAMP | |
| PRINT NAME: _____ SIGNATURE: _____ | <div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div> | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 5px;">DATE</td> <td style="height: 30px;"> </td> </tr> </table> | | DATE |
| DATE | | |

Appendix 2: EIF-000535 - Product code / Lot Number / Unique Device Identifier (UDI)

| Product Code | Lot Number | Unique Device Identifier (UDI) |
|--------------|------------|--|
| 005200 | 73A2200857 | (01)24026704696394(17)270131(11)220201(10)73A2200857 |
| | 73A2300018 | (01)24026704696394(17)280102(11)230103(10)73A2300018 |
| | 73A2300176 | (01)24026704696394(17)280103(11)230104(10)73A2300176 |
| | 73A2300326 | (01)24026704696394(17)280108(11)230111(10)73A2300326 |
| | 73A2300520 | (01)24026704696394(17)280116(11)230117(10)73A2300520 |
| | 73A2300778 | (01)24026704696394(17)280123(11)230124(10)73A2300778 |
| | 73D2200216 | (01)24026704696394(17)270407(11)220408(10)73D2200216 |
| | 73D2200559 | (01)24026704696394(17)270418(11)220419(10)73D2200559 |
| | 73E2200634 | (01)24026704696394(17)270516(11)220517(10)73E2200634 |
| | 73E2200874 | (01)24026704696394(17)270523(11)220524(10)73E2200874 |
| | 73E2201099 | (01)24026704696394(17)270530(11)220531(10)73E2201099 |
| | 73F2200193 | (01)24026704696394(17)270605(11)220606(10)73F2200193 |
| | 73F2200200 | (01)24026704696394(17)270606(11)220607(10)73F2200200 |
| | 73F2200482 | (01)24026704696394(17)270613(11)220614(10)73F2200482 |
| | 73F2200711 | (01)24026704696394(17)270620(11)220621(10)73F2200711 |
| | 73G2200168 | (01)24026704696394(17)270704(11)220705(10)73G2200168 |
| | 73G2200345 | (01)24026704696394(17)270710(11)220711(10)73G2200345 |
| | 73G2200560 | (01)24026704696394(17)270717(11)220718(10)73G2200560 |
| | 73G2200754 | (01)24026704696394(17)270724(11)220725(10)73G2200754 |
| | 73H2200115 | (01)24026704696394(17)270801(11)220802(10)73H2200115 |
| | 73H2200294 | (01)24026704696394(17)270808(11)220809(10)73H2200294 |
| | 73H2200433 | (01)24026704696394(17)270815(11)220816(10)73H2200433 |
| | 73H2200453 | (01)24026704696394(17)270815(11)220816(10)73H2200453 |
| | 73J2200747 | (01)24026704696394(17)270926(11)220927(10)73J2200747 |
| | 73J2200763 | (01)24026704696394(17)270926(11)220927(10)73J2200763 |
| | 73K2200014 | (01)24026704696394(17)271002(11)221003(10)73K2200014 |
| | 73K2200095 | (01)24026704696394(17)271003(11)221004(10)73K2200095 |
| | 73K2200101 | (01)24026704696394(17)271003(11)221004(10)73K2200101 |
| | 73K2200299 | (01)24026704696394(17)271009(11)221010(10)73K2200299 |
| | 73K2200566 | (01)24026704696394(17)271017(11)221018(10)73K2200566 |
| | 73K2200713 | (01)24026704696394(17)271023(11)221024(10)73K2200713 |
| | 73L2200064 | (01)24026704696394(17)271031(11)221101(10)73L2200064 |
| | 73L2200066 | (01)24026704696394(17)271031(11)221101(10)73L2200066 |
| | 73L2200323 | (01)24026704696394(17)271107(11)221108(10)73L2200323 |
| | 73L2200448 | (01)24026704696394(17)271113(11)221122(10)73L2200448 |
| | 73L2200717 | (01)24026704696394(17)271121(11)221128(10)73L2200717 |
| | 73L2200902 | (01)24026704696394(17)271127(11)221205(10)73L2200902 |
| | 73M2200129 | (01)24026704696394(17)271204(11)221215(10)73M2200129 |
| | 73M2200367 | (01)24026704696394(17)271212(11)221213(10)73M2200367 |

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