Date		11/03/2025
Notice No.		2025_FA_001
Type of Action		**X For Voluntary Recall**
Incident Declaration (ANSM)		○ Yes **X No**
Recipients		- Distributors/Resellers - Pharmacists - End Users
Item	Identities Reference	811011
	Designation	NOSY BE Toilet Frame
	Batch Concerned	108776
Subject :		Identities is issuing this warning notice following the detection of a manufacturing defect in the left armrest, which does not remain in position.
Dangers and Potential Risks:		This defect may cause the user to fall if they rely on the armrest, which may result in injuries.
Corrective Actions Taken by the Manufacturer		Given the identified defects and the assessment of potential hazards, the company Identities has decided to take the following measures : - *Recall of the affected batch devices.* - *Isolation of stock from the affected batch.* - *Investigations into the root cause of the problem and implementation of appropriate modifications.*
Actions to Implement		We invite you to take the following measures: 1. Immediately check for the presence of these devices in your inventory and place them in quarantine. 2. Verify the presence of these devices at end-user locations and retrieve the products for destruction. 3. Immediately cease the use or distribution of these products. 4. Send the products in your possession to the following address: **Identités** **ZA Pôle 49, Boulevard de la Chanterie** **49124 Saint Barthélémy d'Anjou** 5. You may also destroy the product on your premises, provided you send us the destruction certificate. 6. Complete and sign the acknowledgment of receipt form and send it within 5 business days to the above address or by email to sav@identites.tm.fr 7. Keep a copy of this warning notice.
Transmission of the Warning Notice		This notice must be forwarded to the relevant individuals within your organization or to any organization (such as care centers) that may have received affected products.

	Please ensure that this notice is also shared with other organizations impacted by this action. We kindly ask you to acknowledge this notice and the resulting action for an appropriate period to ensure the effectiveness of the corrective measures.

Retrieval of the Batch Number:

The batch number is indicated on the product label affixed to the rear frame, beneath the backrest.

Aware of the disruptions this situation may cause and in order to assist you, our services remain fully available for any additional information:

By phone at +33 (0)2 41 96 18 48

By email at serviceclient@identites.tm.fr

The ANSM has been informed of this action. Please ensure that all relevant individuals are made aware of this recall and the resulting actions to guarantee its effectiveness.

Furthermore, we remind you of the necessity to report any adverse effects observed with these devices to ANSM via email at materiovigilance@ansm.sante.fr or by phone at +33 (0)1.55.87.30.00.

We sincerely apologize for the inconvenience caused by this measure and appreciate your attention to this notice.

ACKNOWLEDGMENT OF RECEIPT RESPONSE FORM

Urgent Notification:

IDENTITES 49

Recall – Warning Notice 2025_FA_001

11/03/2025

Attention :

- Distributors/Retailers
- Pharmacists
- End Users

Contact: Phone: +33 (0)2 41 96 18 48 or email: serviceclient@identites.tm.fr

Health Establishment:

Name :

Fonction :

We confirm having received and taken note of this urgent notification. Our inventory has been checked and the results are as follows:

☐ We have checked all storage locations and premises of the establishment and we do not/have no more products in stock.

☐ We have certain concerned products in stock listed in the table below.

If products cannot be returned, please indicate if they have been lost or destroyed.

Reference	Invoice Number	Batch Number	Quantity to Return	Quantity Lost or Destroyed

Date : **Signature :**

If you wish to destroy the product yourself, please send us a destruction certificate.
Please return this form within 5 working days by mail or email sav@identites.tm.fr
We once again apologize for the inconvenience caused.

Le client/Customer :

atteste que le (ou les) produit(s)/ certifies that the product(s) :
811011 CADRE DE TOILETTES NOSY BE

a été détruit/has been destroyed..

Référence/Reference	Numéro de facture/Invoice Number	Numéro de lot/Batch Number	Date de destruction/Date of destruction	Quantité détruite/Quantity Destroyed

Fait à/Done at ……
Le/On ……..
Signature