

URGENT FIELD SAFETY NOTICE

ATTENTION	Central Sterilisation Department
TVDE OF ACTION	Notice to a FIELD CAFETY NOTICE
TYPE OF ACTION	Voluntary FIELD SAFETY NOTICE
REF / DATE	ASP11/2013 (CL-90098-016/October 31, 2013 Nu-Cidex, Product Code NCX-010
PRODUCT	Nu-Glaex, Floudet Code NCA-010
REASON	This notification is sent to you by Advanced Sterilization Products (ASP) as the exclusive distributor of NU-CIDEX®. This communication is to alert you that Medos International as Legal Manufacturer has discovered that expired product, NU-CIDEX® High Level Disinfectant (HLD) Solution (REF NCX010), may have been shipped to customers. This was due to the expiration date embedded in the barcode of the outside shipping box which is used for inventory control being formatted incorrectly; therefore expired product may have been shipped out due to the incorrect format. Only the expiration date information on the shipper barcode is incorrect; all of the information on the bottle itself is correct. Use of expired NU-CIDEX® High Level Disinfectant Solution may result in the inability to achieve high-level disinfection when used for processing medical equipments. Please follow the risk management procedures at your facility as it relates to this notification. ASP is advising customers to review all of their NU-CIDEX® High Level Disinfectant Solution supply pursuant to the instructions set forth in the "ACTION" section below.
ACTION	 Please complete the following steps below: Ensure anyone in your facility impacted by this notification reads this letter carefully. Please check bottle labels for expiration date in your inventory and return all expired bottles of NU-CIDEX® High-Level Disinfectant Solution, REF NCX010, as indicated on business reply form. The human readable text for the expiration date on current NU-CIDEX® High-Level Disinfectant Solution containers is formatted as DD-MM-YY. For example: 23-09-13 should be read as product expires September 23, 2013. Please also see the attached photo (Addendum 1) as an example of the human readable text for the expiration date. Please return all expired bottles of NU-CIDEX® [insert specific local return instructions].
TRANSMISSION	 As a reminder, please do not use expired NU-CIDEX[®] High Level Disinfectant Solution product. If you have distributed the affected product to other locations within your healthcare system, please notify them of this recall and ask them to contact [insert local instructions here].
CONTACT	If you have additional questions about this action, please contact your Sales Representative or call [Affiliate Name]. We apologize for any inconvenience this will cause you, but rest assured it is our utmost intent to make this process as easy for you as possible.
CONFIRMATION	This action has been notified to the appropriate Regulatory Agencies.

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Addendum 1



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