

### **Urgent Field Safety Notice**

15-24

**April 2015** 

Dimension Vista® System

# Dimension Vista® Phenytoin Flex® reagent cartridge Abnormal Assay Errors

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

Table 1. Dimension Vista Affected Product

Assay	Test Code	Catalog Number	Siemens Material Number (SMN)	Lot Numbers
Phenytoin Flex reagent cartridge	PTN	K4064 10445125		14163AB 14181AC

#### Reason for Recall

Siemens Healthcare Diagnostics has confirmed an increase in the rate of Abnormal Assay errors (E143: Outside absolute results monitoring limits) with the Dimension Vista Phenytoin (PTN) Flex reagent cartridge lots 14163AB and 14181AC. The errors can occur on calibration, QC and/or patient samples. Any result produced with the Abnormal Assay error is deemed non-reportable as stated in the Dimension Vista Operator's Guide (section 5-49).

#### Risk to Health

The risk to health as a result of this issue is negligible. If an acceptable calibration, QC or patient result has been obtained previously with no error flag reported, results are acceptable. A laboratory look back is not recommended.

#### **Actions to be Taken by the Customer**

Please discontinue use and discard any remaining inventory of Dimension Vista Phenytoin Flex reagent cartridge lots 14163AB and 14181AC.

Please complete the attached effectiveness check form and fax it to your local Siemens Healthcare Technical Support representative to indicate that you have received this information and to facilitate your no-charge replacement needs.

Retain this letter with your laboratory records, and forward this letter to those who may have received this product.

We apologize for the inconvenience this situation has caused. If you have any questions, please contact your local Siemens Technical Support representative.

Dimension Vista® and Flex® are trademarks of Siemens Healthcare Diagnostics.

## FIELD CORRECTION EFFECTIVENESS CHECK Dimension Vista Phenytoin Flex reagent cartridge

### Abnormal Assay Errors Lots 14163AB and 14181AC

This response form is to confirm receipt of the enclosed Siemens Healthcare Diagnostics Urgent Field Safety Notice 15-24 dated April 2015 regarding Dimension Vista Phenytoin Flex reagent cartridge Abnormal Assay Errors. Please read each question and indicate the appropriate answer. Fax this completed form to Siemens Healthcare Diagnostics at the fax number provided at the bottom of this page.

	<ol> <li>I have read and understood the Custo instructions provided in this letter.</li> </ol>		er Notification		S 🗆	No □					
	2.	Do you now have any of the noted product check inventories before answering.	on hand? Please	Ye	s 🗆	No 🗆					
		If the answer to the question above is yes, please complete the table below to indicate the quantity of affected product in your laboratory and replacement product required.									
	Phenytoin Flex reagent cartridge (PTN) K4064/10445125		Quantity of Affected Product in inventory that has been discarded		Replacement Quantit Required						
	Lo	t 14163AB									
	Lo	t 14181AC									
Na	me	of person completing questionnaire:									
Titl	e:										
Ins	Institution:		Instrument Serial Number:								
Str	eet:										
City	City:		State:								
Pho	Phone:		Country:								
Cu	Customer Sold To #:		Customer Ship To #	<b>#</b> :							
		fax this completed form to your local Siemen ny questions, contact your local Siemens tec				e. If you					

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