

Urgent Field Safety Notice

BR-01317

January 2017

Sysmex CS-2000i, CS-2100i, CS-2500 and CS-5100 System

Possible risk for false negative reportable results with the INNOVANCE D-Dimer setting

Dear valued customer,

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

Table 1. Affected Product(s)

| Assay | Assay application on Instrument | Siemens Material Number (SMN) |
|-----------------------|--|--------------------------------------|
| INNOVANCE® D-Dimer | Sysmex® CS-2000i | 10471745 |
| | Sysmex® CS-2100i | 10488060 |
| | Sysmex® CS-2500 | 11232203 |
| | Sysmex® CS-5100 | 10768873 |

Reason for Correction

Siemens Healthcare Diagnostics has confirmed that under very rare circumstances a false negative result may be reportable.

The issue may only occur under the following conditions:

- The initial result is falsely flagged with an antigen excess error that triggers an automatic remeasurement in a 1/19 dilution.

AND

- The raw signal of the remeasurement is below the Limit of Blank (LoB) of the method.

Under such conditions the low remeasurement raw value may be strongly affected by the signal noise of the optical system and can generate an erroneous low optical raw value. This raw value will be corrected by the dilution factor and can be deduced from calibration curve in a false low range.

Risk to Health

With a probability of occurrence below 10^{-6} the injury event frequency is far below that range and has been rated as extremely unlikely. Due to the general severity rating of the test parameter the overall health risk has been classified as low.

Actions to be Taken by the Customer

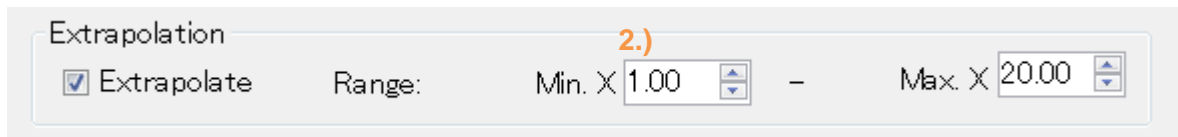
In order to overcome this issue, the threshold for “Min Range” of the extrapolation needs to be changed within the INNOVANCE D-Dimer setting.

Please start the CS-System’s Software and navigate to Settings > INNOVANCE D-Dimer > Assay Parameter “INN DDi”.

Change the current threshold for the “Min Range” from 1.) 0.01 to the new threshold 2) 1.00:



The screenshot shows the 'Extrapolation' settings for the INNOVANCE D-Dimer assay. The 'Extrapolate' checkbox is checked. The 'Range' is set to 'Min. X 0.01' and 'Max. X 20.00'. A red diagonal line is drawn over the '0.01' value, and the label '1.)' is positioned above it, indicating the current setting.



The screenshot shows the 'Extrapolation' settings for the INNOVANCE D-Dimer assay. The 'Extrapolate' checkbox is checked. The 'Range' is set to 'Min. X 1.00' and 'Max. X 20.00'. The label '2.)' is positioned above the '1.00' value, indicating the new setting.

Please save and restart the CS-System’s Software. After the restart, the system will work with the new setting.

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Please review this letter with your Medical Director. Complete and return the Field Correction Effectiveness Check attached to this letter within 30 days.

Please 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 may cause. If you have any questions, please contact your Siemens Customer Care Center or your local Siemens technical support representative.

Dr. Norbert Dedner
Director
Quality Systems & Compliance

Eva-Maria Landmann
Marketing Manager
Global Marketing Hemostasis

INNOVANCE is a trademark of Siemens Healthcare Diagnostics.

Sysmex is a trademark of Sysmex Corporation

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FIELD CORRECTION EFFECTIVENESS CHECK

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This response form is to confirm receipt of the enclosed Siemens Healthcare Diagnostics Urgent Medical Device Correction BR-01317 dated January 2017 regarding 'Sysmex CS-2000i, CS-2100i; CS-2500 and CS-5100 System - Possible risk for false negative reportable results with the INNOVANCE D Dimer setting'.

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.

1. I have read and understood the Urgent Medical Device Correction instructions provided in this letter. Yes No

Name of person completing questionnaire: _____

Title: _____

Institution: _____

Instrument Serial Number: _____

Street: _____

City: _____

State: _____

Phone: _____

Country: _____

Please fax this completed form to the Customer Care Center at (###) ###-####. If you have any questions, contact your local Siemens technical support representative.