

Urgent Field Safety Notice

Drill Sleeve Guide

FSCA-identifier 22-08-2019-00001

Type of action: Field Safety Notice (FSN)

Date: September 10, 2019

MS. LONE JACOBSEN
CEPHALON A/S
SUNDSHOLMEN 29
NOERRESUNDBY, DK-9400
DENMARK

Attention Valued Customer:

Details on affected devices:

Product and Distribution Table						
Product Name	Manufacturer's Catalog Number	Lot Number	Distribution Date	Expiration Date	Quantity	
Drill Sleeve Guide	DSG-6.3-090-2.4N	813170	4/25/2019	2020-07-01	1	
Drill Sleeve Guide	DSG-6.3-090-2.4N	714201	2/19/2018	2019-10-01	1	

Description of the problem:

On August 22, 2019, Ad-Tech Medical Instrument Corporation decided to voluntarily recall all drill sleeve guides which are intended to be used only with the 2.4mm diameter Cranial Drill Bit. This recall has been initiated due to an investigation being performed that has identified potential issues with both of our raw material suppliers. The inner diameter of the drill sleeve guide raw material was found to be under tolerance, potentially resulting in the drill bit seizing in the guide during surgery. Although these devices do not make patient contact and are not expected to result in death, this issue could result in a delay in procedure.

The worst-case severity has been determined to be Moderate. This deficiency is not expected to result in death, but there is a possibility an additional surgery could be required if a drill bit seizes within a guide and replacements are not available on-hand. A delayed or additional surgery constitutes additional medical intervention. There is no further impact to the patient, as once the drill bit becomes stuck within the guide, neither the drill sleeve guide nor the drill bit can further interact with the patient.

Actions to be taken by the Customer:

- Immediately examine your inventory and quarantine any product subject to recall. Since the
 devices are reusable, if you have any of this product in stock with an unknown lot number,
 please return those as well. In addition, if you may have further distributed this product, please
 identify your customers and notify them at once of this product recall. Your notification to your
 customers may be enhanced by including a copy of this recall notification letter. Please return
 product subject to recall to:
 - Ad-Tech Medical Instrument Corporation
 400 West Oakview Parkway
 Oak Creek, WI 53154
- Contact an Ad-Tech Customer Support Specialist for a Return Material Authorization (RMA) number
- Replacements will not be provided
- Credit will be issued for all non-expired returned product
- Please send acknowledgement of this letter as soon as possible to Ad-Tech's Regulatory Department:

o FAX: 262-634-5668

o Telephone: 262-634-1555

o Email: Regulatory@adtechmedical.com

- EU contact information:
 - o E C Rep Ltd

Telephone: (44) 1704 544 944 FAX: (44) 1704 544 050

Email: Janet.Borgerson@ecrep.ie

The undersigned confirms that this notice has been notified to the appropriate Regulatory Agency

Authorized by:

Kathleen Barlow

Signature:

Title:

Regulatory Team Representative and CAPA/Complaints Manager



MEDICAL DEVICE RECALL RETURN RESPONSE Acknowledgement and Receipt Form

Response is Required

MS. LONE JACOBSEN CEPHALON A/S SUNDSHOLMEN 29 NOERRESUNDBY, DK-9400 DENMARK

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DSG-6.3-090-2.4N

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DRILL SLEEVE GUIDES

I have read and under Yes No	erstand the recall inst	ructions provided in	the September 10, 20	19 letter.
Any adverse events a	associated with recall	ed product? Yes !	No	
If yes, please explain	:			
•				
2				
Affected Product Info	ormation:			
	Affected	Product Informat	ion Table	
Product Name	Catalog Number	Lot Number	Quantity In Inventory	Quantity Returned

813170

714201

Return Response Box:					
Please provide any additio	nal information, if applicable.				
Distributors:					
I have checked my sto	ck and have quarantined inventory consisting of units.				
I have identified and n	otified my customers that were shipped or may have been shipped this product				
	nethod of notification); <or></or>				
Attached is a list of customers.	stomers who received/may have received this product. Please notify my				
Questions: (when app	licable)				
Please have some	one from the Regulatory Department contact me				
Signature of Receipt					
Name/Title					
Telephone					
Fmail Address					

PLEASE FAX COMPLETED RESPONSE FORM TO: 262-634-5668, ATTENTION: REGULATORY DEPARTMENT OR MAIL TO: AD-TECH MEDICAL INSTRUMENT CORPORATION, 400 WEST OAKVIEW PARKWAY, OAK CREEK, WI 53154

 $\textbf{OR EMAIL TO:} \underline{\textbf{Regulatory@adtechmedical.com}}$