

Rev 1: September 2018
FSN Ref: FSN-2021-014

FSCA Ref: FSN-2021-014

Date: 27 December 2021

Urgent Field Safety Notice (FSN)
Cefiderocol on Sensititre plates

For Attention of*: Lab Managers

Contact details of local representative (name, e-mail, telephone, address etc.)*

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Urgent Field Safety Notice (FSN)
Cefiderocol on Sensititre plates

1. Information on Affected Devices*	
1.	<p>1. Device Type(s)*</p> <p>Sensititre plates: EUMDROXF DEUGNGOE NONAG8</p> <p>MDRGN2F (USA only)</p> <p>In combination with:</p> <p>CAMHB with TES Broth (T3462)</p>
1.	<p>2. Commercial name(s)</p> <p>Cefiderocol on Sensititre plates</p>
1.	<p>3. Unique Device Identifier(s) (UDI-DI)</p> <p>+M578 EUMDROXF +M578 DEUGNGOE +M578 NONAG8 +M578 MDRGN2F (USA only)</p> <p>For T3462 = 00848838003356</p>
1.	<p>4. Primary clinical purpose of device(s)*</p> <p>The Sensititre MIC and Breakpoint Susceptibility system is an <i>in vitro</i> diagnostic product for clinical susceptibility testing of non-fastidious Gram negative isolates, comprising of <i>Enterobacteriaceae</i>, <i>Pseudomonas aeruginosa</i>, and other non-<i>Enterobacteriaceae</i> and of non-fastidious Gram positive isolates, comprising of <i>Staphylococcus</i> sp., <i>Enterococcus</i> sp., and Beta haemolytic <i>Streptococci</i> other than <i>S. pneumoniae</i>. The Sensititre ESBL confirmatory test plate is an <i>in vitro</i> diagnostic product for detection of ESBLs in clinical isolates of <i>Klebsiella pneumoniae</i>, <i>Klebsiella oxytoca</i> and <i>Escherichia coli</i>. MIC and ESBL plates can either be read manually or automatically on the Sensititre Autoreader / OptiRead and/or ARIS. Thermo Scientific manufactured broths have only been validated with Sensititre products</p>
1.	<p>5. Device Model/Catalogue/part number(s)*</p> <p>EUMDROXF DEUGNGOE NONAG8</p> <p>T3462</p>
1.	<p>6. Software version</p> <p>N/A</p>

1.	7. Affected serial or lot number range
	Plates: <ul style="list-style-type: none"> • EUMDROXF Lot numbers: B0464A, B1052, B1101A, B1151A, B1183A, B1273, B1395A • DEUGNGOE Lot number: B1205B • NONAG8 Lot number: B1253B • MDRGN2F (USA only) Lot number: B0164B, B0361, B1161A, B1211, B1315A, B1402A Broths: from 267261 to 402775
1.	8. Associated devices
	N/A

2 Reason for Field Safety Corrective Action (FSCA)*	
2.	1. Description of the product problem*
	Potential for False Susceptibility for some Gram-Negative species due to broth performance variation.
2.	2. Hazard giving rise to the FSCA*
	Potential for False Susceptibility for some Gram-Negative species
2.	3. Probability of problem arising
	High probability for the broth lot numbers identified in this notification
2.	4. Predicted risk to patient/users
	Limited/negligible risk as immediate impact and no long-term consequences from using this product.
2.	5. Further information to help characterise the problem
	Low MIC results
2.	6. Background on Issue
	Formulation changes to the broth
2.	7. Other information relevant to FSCA
	N/A

3. Type of Action to mitigate the risk*			
3.	<p>1. Action To Be Taken by the User*</p> <p><input type="checkbox"/> Identify Device <input type="checkbox"/> Quarantine Device <input type="checkbox"/> Return Device <input type="checkbox"/> Destroy Device</p> <p><input type="checkbox"/> On-site device modification/inspection</p> <p><input type="checkbox"/> Follow patient management recommendations</p> <p><input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU)</p> <p><input checked="" type="checkbox"/> Other <input type="checkbox"/> None</p> <p>Do not report results of Cefiderocol with these the impacted broth lots highlighted in this notification. Note all other antimicrobics on the plate are not impacted.</p> <p>As part our IFU the standard QC test results will indicate low out of range MICs.</p>		
3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">2. By when should the action be completed?</td> <td style="text-align: center;">Immediate</td> </tr> </table>	2. By when should the action be completed?	Immediate
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3.	<p>3. Particular considerations for: IVD</p> <p>Is follow-up of patients or review of patients' previous results recommended? No</p> <p>Immediate results would have been confirmed if effective or not to the patient. Alternative therapies should have been selected</p>		
3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)</td> <td style="text-align: center;">No</td> </tr> </table>	4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	No
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3.	<p>5. Action Being Taken by the Manufacturer</p> <p><input type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection</p> <p><input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change</p> <p><input checked="" type="checkbox"/> Other <input type="checkbox"/> None</p> <p>Broth resolution on-going</p>		
3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 40%;">6. By when should the action be completed?</td> <td style="text-align: center;">1 month</td> </tr> </table>	6. By when should the action be completed?	1 month
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3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 70%;">7. Is the FSN required to be communicated to the patient /lay user?</td> <td style="text-align: center;">No</td> </tr> </table>	7. Is the FSN required to be communicated to the patient /lay user?	No
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3.	<p>8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?</p> <p>No Choose an item.</p>		

4. General Information*		
4.	1. FSN Type*	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows:	
	N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	Not planned yet
4	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	N/A	
4	6. Anticipated timescale for follow-up FSN	N/A
4.	7. Manufacturer information (For contact details of local representative refer to page 1 of this FSN)	
	a. Company Name	Trek Diagnostic Systems Ltd
	b. Address	Units 17/19 Willard Way Birches Industrial Estate East Grinstead West Sussex RH19 1XZ
	c. Website address	https://www.thermofisher.com
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *	
4.	9. List of attachments/appendices:	Customer Response Form
4.	10. Name	James Filer Vice President, Quality and Regulatory, MBD
	Signature	

Transmission of this Field Safety Notice	
	<p>This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate)</p> <p>Please transfer this notice to other organisations on which this action has an impact. (As appropriate)</p> <p>Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.</p> <p>Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.*</p>