Carl-Schurz-Straße 1 41453 Neuss 

<Customer address>

Field Safety Notice

Name of the affected product: 3M[™] Nexcare [™] ColdHot Therapy pack classic, reference number

N1570G

FSCA-identifier: 2022-04 FSCA ColdHot **Type of action:** Disposal of affected products

Date: April 13th, 2022

Attention: 3M Health Care Business Customers

Dear Customer,

3M is notifying all customers in impacted European countries of the above-mentioned 3M[™] Nexcare [™] ColdHot Therapy pack classic reference N1570G of a field safety corrective action.

Description of the problem and potential hazard and risk for the patient/user:

This corrective action has been initiated due to an unintended shipment of product of reference N1570G instead of N1570 into the European market. One lot of the product of reference N1570G was packed in shipper cartons which were incorrectly labelled as reference N1570. Reference N1570G is intended to be shipped to the Gulf region, whereas reference number N1570 is intended for the European market. Due to this error, N1570G was mistakenly distributed on to the European market.

The primary carton of product N1570G is providing information in English, French and Arabic only, whereas the instruction for use is giving all relevant information, including safety instructions, in all necessary European languages.

However, due to the missing languages on the primary carton, the user (in Austria, Belgium, Czech Republic, Denmark, The Netherlands and Sweden) might overlook the cautionary symbol to read the instruction before use.

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Moreover, the EAN code printed on the product could cause problems in logistical handling upon customer receipt.

Details on affected devices:

The following lot of Nexcare™ ColdHot Therapy pack classic reference number **N1570G** is subject to this field safety corrective action: **50242N0341**

Action to be taken by all customer:

All customers of the 3M[™] Nexcare [™] Cold Hot Therapy pack are being asked to take the following actions:

- 1. Ensure all your internal and external customers are informed about this corrective action.
- 2. Please inform us if you supplied the affected items to customers outside your home country.
- 3. Please identify the affected product listed above.
- 4. **Ireland/France only:** Please verify, if the usage of reference number N1570G instead of N1570 is feasible in your organization. If yes, please continue with action 6. If no, please continue with action 5.
- 5. Please discard all remaining affected product listed above per facility procedures.
- 6. Complete and return by e-mail to meddev.de@mmm.com the enclosed Acknowledgement Form, indicating that the corrective action was understood and executed. Please also indicate the number of devices you have disposed of.

Transmission of this Field Safety Notice:

Please pass on this notice immediately to all departments who might use the concerned products. In addition, ensure that the information is provided to any organisation where the concerned products potentially have been distributed.

Thank you for your immediate attention and cooperation. We apologise for any inconvenience this matter may cause.

Contact reference person:

If you have questions, please contact your local 3M representative.

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

Dr. Marie Isabel Cobbers Safety Officer 3M Deutschland GmbH, Health Care Business Carl-Schurz-Strasse 1, 41453 Neuss, Germany Mail: meddev.de@mmm.com 3M Deutschland GmbH page 3

Acknowledgement Form – FSN 2022-04 FSCA ColdHot

Email completed form to: meddev.de@mmm.com

				ck of the affected product lot indic I™ Nexcare™ ColdHot Therapy p	
		/e have examined of devices can be co		entified the affected products ed in our facility.	
		inventory, identified per facility protocol		uantity of units on hand and	
Lot	number	Number of prod disposed	ucts		
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l acknowle requested	•	ve read and unders	stood this letter a	nd will complete the actions	
Email completed	form to: med	dev.de@mmm.com	1		
Person completing	ng this form:				
Name			Company /Hospital Name		
Signature			City, Country		
Date			Phone		
			E-mail		