

Rev 1: September 2018 FSN Ref: FSN-2023-003 FSCA Ref: FSN-2023-003

Date: 2 June 2023

<u>Urgent Field Safety Notice</u> <u>Thermo Scientific™ RapID™ STR System</u>

For Attention of*: Lab Managers

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

E.mail: mbd.vigilance@thermofisher.com Telephone: +44(0) 1256 841144

Fax: +44(0) 1256 479525



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<u>Urgent Field Safety Notice (FSN)</u> <u>Thermo Scientific™ RapID™ STR System</u>

1. Information on Affected Devices*					
1.	1.	Device Type(s)*			
		IVD			
1.	2.	Commercial name(s)			
		RapID™ STR System			
1.	3.				
		00848838058073			
1.	4.	Primary clinical purpose of device(s)*			
		Thermo Scientific™ RapID™ STR System is a qualitative micromethod employing conventional and chromogenic substrates for the identification of medically important streptococci and related organisms which have been isolated from human clinical specimens. The RapID STR System is intended to aid in the identification of Lancefield groups A, B, C, D, and G streptococci, viridans streptococci, and <i>Streptococcus pneumoniae</i> , <i>Enterococcus</i> spp., <i>Aerococcus</i> spp., <i>Gemella</i> spp., <i>Leuconostoc</i> spp., <i>Pediococcus</i> spp., <i>Weisella confusa</i> , and <i>Listeria monocytogenes</i> .1-10 A complete listing of the organisms addressed by the RapID™ STR System is provided in the RapID STR Differential Chart.			
1.	5.	• ; ; ;			
		R8311003			
1.	6.	0			
		N/A			
1.	7.	Affected serial or lot number range			
		3599550, 3599549, 3608574 and 3616894			
1.	8.	Associated devices			
		N/A			



Rev 1: September 2018 FSN Ref: FSN-2023-003

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2 Bassan for Field Safaty Corrective Action (ESCA)*							
	2. Reason for Field Safety Corrective Action (FSCA)*						
2.	1. Description of the product problem*						
	A technical investigation has determined <i>S. pyogenes</i> ATCC® 19615™ and						
		E. faecalis ATCC® 29212™ gave a positive reaction to INU well where it should					
	have given a negative reaction. The culture testing was						
		completed with McFarland #1 standard turbidity.					
2.	2. Hazard giving rise to the FSCA*						
	The INU well is giving the incorrect reaction with certain strains.						
3. Probability of problem arising High							
2.	Predicted risk to patient/users						
	There should be no immediate or long-term health consequences from us						
			nt Inulin (INU) cont				
			imarily used to diffe				
			isolated from clinic				
	•		the QC strains S. p	byogenes and <i>E.</i>	faecalis in these lots		
		d be negative.					
					Gram smear (Gram		
			diplococci), haemo				
				and confirmatory	tests for diagnostic		
	identification of S. pneumoniae.						
	Further, the entire range of biochemical tests and other tests should be						
	considered in the identification of any streptococci isolated from clinical specimens. For <i>S. pyogenes</i> and <i>E. faecalis</i> , haemolysis, serotyping esculin						
	results, etc. are clearly more definitive than inulin. In this context of a single						
	false positive test as indicated above, the clinical risk should be considered						
	negligible.						
2.	5. Further information to help characterise the problem						
	N/A						
2.		round on Issue					
Customer complaint received for R8311003 RapID™ STR lot 3599550 stating QC failure for <i>S. pyogenes</i> ATCC® 19615 [™] with positive reaction (orange INU well, should be negative (red). When the QA retained kit was tested to							
					kit was tested the		
2.	7. Other	information releva	ant to FSCA				
					Manufactured		
Code Number			Number		Date		
	R8311003	3599550	3599548	2023-08-27	2023-03-21		
		3599549	3599547	2023-06-05	2023-02-07		
		3608574	3608572	2023-08-13	2023-03-13		
		3616894	3599548	2023-09-08	2023-03-31		



Rev 1: September 2018 FSN Ref: FSN-2023-003

FSCA Ref: FSN-2023-003

		3. Type of Action to mitig	gate the Ri	SK [*]		
3.	1.	Action To Be Taken by the User*				
		oximes Identify Device $oximes$ Quarantine Device $oximes$ Return Device $oximes$ Destroy Device				
		☐ On-site device modification/inspection				
		⊠ Follow patient management recommendations				
		$\hfill\Box$ Take note of amendment/reinforcement of Instructions For Use (IFU)				
		□ Other □ None				
3.	2.	By when should the action be completed?		Immediately		
3.	3.	. Particular considerations for:				
		Is follow-up of patients or review of patients' previous results recommended? Yes				
		We request that the requirement for review of reported test results should be determined by the appropriate technical expert				
3.		Is customer Reply Required? * f yes, form attached specifying deadline for return)				
3.	5. Action Being Taken by the Manufacturer					
		 ☑ Product Removal ☐ On-site device modification/inspection ☐ Software upgrade ☐ Other ☐ None 				
3	6.	By when should the action be completed? As soci		n as possible		
3.		Is the FSN required to be communicated to the patient No /lay user?				
3	8.	3. If yes, has manufacturer provided additional information suitable for the				
		patient/lay user in a patient/lay or non-professional user information letter/sheet? Choose an item. Choose an item.				
	Choose an item. Choose an item.					



Rev 1: September 2018 FSN Ref: FSN-2023-003

FSCA Ref: FSN-2023-003

	4. General Information*			
4.	1. FSN Type*	New		
4.	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? *			
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.	page 1 of this FSN)			
	a. Company Name	Thermo Fisher Scientific		
	b. Address	Clipper Boulevard West,		
		Cross ways industrial estate,		
		Dartford, Kent.		
		DA2 6PT		
	c. Website address	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	Carissa Courtney Director, Quality EMEA		
	Signature	Glarhey		

Transmission of this Field Safety Notice
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)
Please transfer this notice to other organisations on which this action has an impact. (As appropriate)
Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.
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.*



Rev 1: September 2018 FSN Ref: FSN-2023-003

FSCA Ref: FSN-2023-003

Customer Reply Form

1. F	1. Field Safety Notice (FSN) information					
			23-003			
			June 2023			
-			nermo Scientific™ RapID™ STR System			
Prod	uct Code(s)	R83	11003	-		
Batc	h/Serial Number (s)	3599	9550, 3599	549, 3608574 and 361	6894	
2. (Customer Details		·	·		
Acco	ount Number					
Orga	inisation Name*					
	inisation Address*					
	artment/Unit					
	ping address if different to above					
	act Name*					
	or Function					
	phone number*					
Ema						
	Customer action undertaken on b	ehalf	of Health	care Organisation		
	I confirm receipt of the Field Safet			ouro organication		
	Notice and that I read and unders					
	its content.	Jour				
	I performed all actions requested	οv				
_	the FSN.	-,				
	une i ei u					
	The information and required action	ns				
	have been brought to the attention					
	all relevant users and executed.					
	I have returned affected devices -		Qty:	Lot/Serial Number:	Date Returned	
	enter number of devices returned	and			(DD/MM/YY)	
	date complete or N/A			ts:	, , ,	
	I have destroyed affected devices	_	Qty:	Lot/Serial Number:	Date Completed	
	enter number destroyed and date				(DD/MM/YY)	
	complete.		Qty	Credit □ Replaceme	ent 🗆	
			Commen			
	No affected devices are available	for				
_	return/ destruction					
	Other Action (Define):					
П	I do not have any affected devices.					
	I have a query please contact me					
	need for replacement of the product).					
Print Name*						
Signature*						
Date*						
4. Return acknowledgement to sender						
Email MBD.vigilance@thermofisher.com						
-				(0) 1256 841144 & Fax		
Totophone Number & Lax			479525	(0) 1200 07 1 144 & Fa)	(. 1 1 1 (U) 12 3 U	
Postal Address						
			3 July 20	123		
Deal	anno ioi returning the reply form		J July 20	123		

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN. Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.