

Rev 1: September 2018
FSN Ref: FSN-2020-0004

FSCA Ref: FSN-2020-0004

Date: 13-May-2020

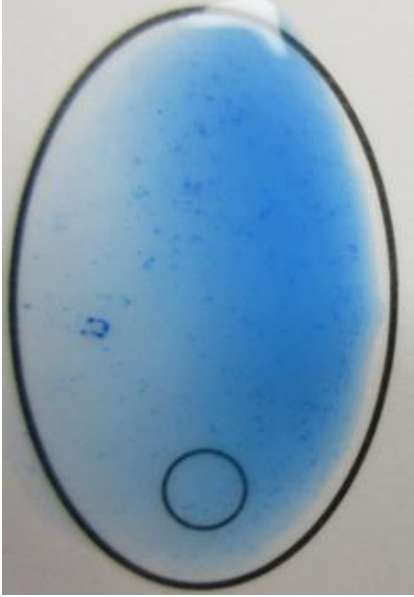
Urgent Field Safety Notice
Thermo Scientific™ Oxoid™ DrySpot Staphylect Plus

For Attention of*: Lab Managers


Contact details of local representative (name, e-mail, telephone, address etc.)*
mbd.vigilance@thermofisher.com
Fax : +44(0)1256 334 994

Urgent Field Safety Notice (FSN)
Thermo Scientific™ Oxoid™ DrySpot StaphyTECT Plus
Risk addressed by FSN

1. Information on Affected Devices*	
1	1. Device Type(s)*
.	IVD
1	2. Commercial name(s)
.	Thermo Scientific Oxoid DrySpot StaphyTECT Plus
1	3. Unique Device Identifier(s) (UDI-DI)
.	05032384029297
1	4. Primary clinical purpose of device(s)*
.	DrySpot StaphyTECT Plus™ is a latex slide agglutination test for the differentiation of <i>Staphylococcus aureus</i> by detection of clumping factor, Protein A and certain polysaccharides found in methicillin- resistant <i>S. aureus</i> (MRSA) from those staphylococci that do not possess these properties.
1	5. Device Model/Catalogue/part number(s)*
.	DR0100M
1	6. Software version
.	N/A
1	7. Affected serial or lot number range
.	2916980
1	8. Associated devices
.	N/A

2 Reason for Field Safety Corrective Action (FSCA)*	
2 .	<p>1. Description of the product problem*</p> <p>An internal technical investigation has determined that Thermo Scientific™ Oxoid™ DrySpot Staphylect Plus (DR0100M) may show variable levels of granularity with the Test Reagent, before the recommended read end time, as illustrated in the photograph below.</p> <div style="text-align: center;">  </div>
2 .	<p>2. Hazard giving rise to the FSCA*</p> <p>This granularity may be misinterpreted as a positive result when used according to the Instructions For Use (IFU).</p>
2 .	<p>3. Probability of problem arising</p> <p>High</p>
2 .	<p>4. Predicted risk to patient/users</p> <p>The clinical consequence of a false positive result could potentially result in unwarranted antimicrobial therapy and a potential delay in getting the correct therapy.</p>
2 .	<p>5. Further information to help characterise the problem</p> <p>None</p>
2 .	<p>6. Background on Issue</p> <p>Internal investigation following Quality Control failure of product release for second part of split batch.</p>
2 .	<p>7. Other information relevant to FSCA</p> <p>2916980 Expiry 30-Apr-2022</p>

3. Type of Action to mitigate the risk*					
3.	<p>1. Action To Be Taken by the User*</p> <p> <input checked="" type="checkbox"/> Identify Device <input checked="" type="checkbox"/> Quarantine Device <input type="checkbox"/> Return Device <input checked="" type="checkbox"/> Destroy Device <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Follow patient management recommendations <input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU) <input type="checkbox"/> Other <input type="checkbox"/> None </p>				
3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">2. By when should the action be completed?</td> <td style="text-align: center;">Immediately</td> </tr> </table>	2. By when should the action be completed?	Immediately		
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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? Yes</p> <p>We request that the requirement for review of reported test results should be determined by the appropriate technical expert</p>				
3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)</td> <td style="text-align: center;">Yes</td> </tr> </table>	4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	Yes		
4. Is customer Reply Required? * (If yes, form attached specifying deadline for return)	Yes				
3.	<p>5. Action Being Taken by the Manufacturer</p> <p> <input checked="" type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change <input type="checkbox"/> Other <input type="checkbox"/> None </p>				
3	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">6. By when should the action be completed?</td> <td></td> </tr> </table>	6. By when should the action be completed?			
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3.	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">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	<table border="1" style="width: 100%;"> <tr> <td colspan="2">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?</td> </tr> <tr> <td style="width: 15%; text-align: center;">No</td> <td>Choose an item.</td> </tr> </table>	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?		No	Choose an item.
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No	Choose an item.				

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	Thermo Fisher Scientific
	b. Address	Wade Road, Basingstoke, Hampshire RG24 8PW
	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	James Filer
	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>

Customer Reply Form

1. Field Safety Notice (FSN) information			
FSN Reference number*	FSN-2020-0004		
FSN Date*	13 th May 2020		
Product/ Device name*	Thermo Scientific™ Oxoid™ Dryspot Staphylect Plus		
Product Code(s)	DR0100M		
Batch/Serial Number (s)	2916980		
2. Customer Details			
Account Number			
Organisation Name*			
Organisation Address*			
Department/Unit			
Shipping address if different to above			
Contact Name*			
Title or Function			
Telephone number*			
Email*			
3. Customer action undertaken on behalf of Healthcare Organisation			
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.		
<input type="checkbox"/>	I performed all actions requested by the FSN.		
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.		
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete.	Qty:	Lot/Serial Number:
		Date:	Comments: Credit <input type="checkbox"/> Replacement <input type="checkbox"/>
<input type="checkbox"/>	No affected devices are available for destruction		
<input type="checkbox"/>	I have a query please contact me (e.g. need for replacement of the product).		
Print Name*			
Signature*			
Date*			
4. Return acknowledgement to sender			
Email		mbd.vigilance@thermofisher.com	
Customer Services Tel. & Fax		Fax : +44(0)1256 334 994	
Deadline for returning the reply form*		9th June 2020	

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.