

URGENT FIELD SAFETY NOTICE

Attention: Endoscopy Department, Risk Management Department

Material ID	Product Name	Model	Serial Number
N6130950	Bronchovideoscope	BF-H1100	insert relevant serial number(s)
N6130650	Bronchovideoscope	BF-1TH1100	insert relevant serial number(s)
N5780950	EVIS EXERA III Gastrointestinal Videoscope	GIF-H190N	insert relevant serial number(s)
N6130350	EVIS EXERA III Small Intestinal Videoscope	SIF-H190	insert relevant serial number(s)
N6019450	Gastrointestinal Videoscope	GIF-1100	insert relevant serial number(s)

Dear Healthcare Professional / Provider:

Olympus is writing to inform you of a Medical Device Correction pertaining to the abovelist of scopes and serial numbers of the Olympus EVIS EXERA™ III GIF-H190N Gastrointestinal Videoscope, Olympus EVIS X1™ GIF-1100 Gastrointestinal Videoscope, Olympus EVIS X1 BF-H1100 and BF-1TH1100 Bronchovideoscopes, and Olympus EVIS EXERA III SIF-H190 Small Intestinal Videoscope. These videoscopes work in conjunction with the Olympus video system, light sources, monitors, etc. for visualization during endoscopy and endoscopic surgery.

Reason for Action:

It was discovered during device performance testing that the CCD imaging sensors were programmed with the incorrect color correction data and therefore, specifications are not met. The overall effect on the device is a slightly less intense or faded representation when compared to the desired color, and in addition the color blue is slightly shifted to a more purple shade. See images below.

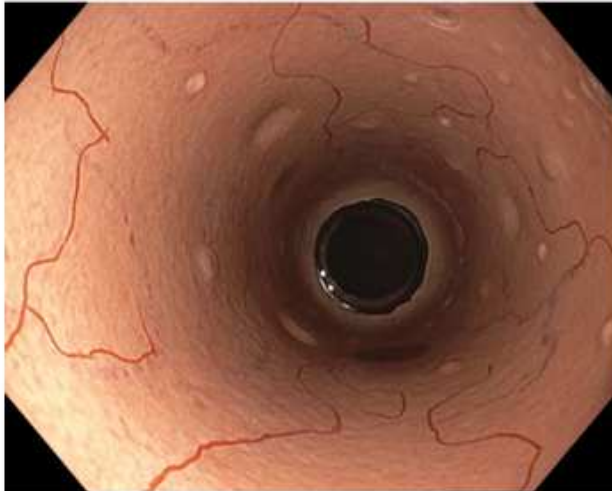
Incorrect color correction data



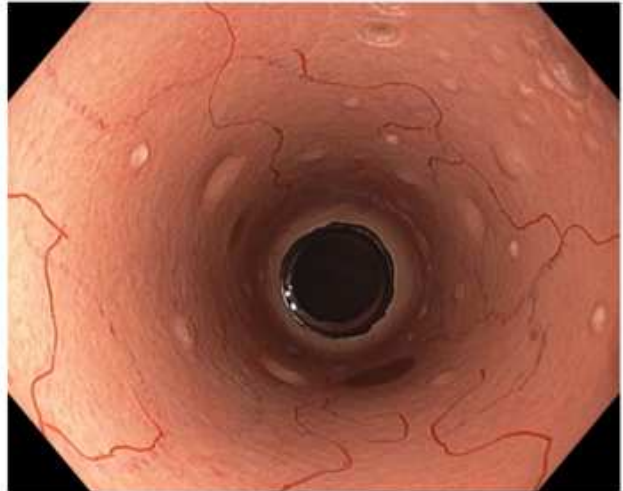
Correct color correction data



Incorrect color correction data



Correct color correction data



Olympus has not received any reported injuries relating to this matter.

Risk to Health:

Imaging color is an important factor in endoscopic procedures which assists clinicians in recognizing relevant anatomical features for diagnostic or therapeutic treatment. When image discoloration is detected, clinicians are frequently able to adjust the monitors for desired effects. If the discoloration is noted prior to a procedure (during procedure pre-check), a replacement device may be desired which may potentially result in a minor delay in patient treatment. If the issue is encountered during the procedure, the clinician may opt to adjust the colors via the monitors, or if color adjustment is not to the clinician's preference, a replacement device may need to be obtained, resulting in a prolonged procedure.

Actions Required:

Our records indicate that your facility has purchased one or more of the affected products. Therefore, Olympus requires you to take the following actions:

1. Carefully read the content of this notification.
2. Examine your inventory and identify the above-listed device with the affected serial number.
3. Olympus representative will reach out to you to arrange a mutually convenient time for the return of your device to an Olympus Repair Center to receive a color adjustment.
4. If you have further distributed this product, identify your customers, and forward them this notification.
5. Olympus requests that you acknowledge receipt of this letter. Indicate on the Reply Form that you have received and understood this notification by filling out and returning the completed enclosed Reply Form back to your local Olympus representative **XXX** latest by **XXX**.

Your National Competent Authority is aware of the actions described in this notification



Olympus requests that you report any complaints, including any imaging issues, to [local facility complaint reporting contact]. Adverse events experienced with the use of this product may also be reported [local competent authority] by [method].

Olympus fully appreciates your prompt cooperation in addressing this situation. If you require additional information, please do not hesitate to contact [me directly at XXXX@olympus.com/ Olympus directly at (XXX) XXX-XXXX from Monday through Friday or by e-mail at XXX].

Sincerely,

Name

Olympus title



REPLY FORM
QIL FY25-EMEA-15-FY25-038 CCD Color Performance Test Failure

Facility Name	
Facility Address	
Contact Name	
Additional Customer Requests (Indicate if you have any additional requests to support this action)	

I acknowledge receipt of this notification. I confirm that I have further communicated to any affected departments.

Completed By:		
<i>Name</i>	<i>Signature</i>	<i>Date (YYYY-MM-DD)</i>

Please send the completed form to **XXX** by date **XXX**.

