

## Voluntary Product Recall

April 10, 2015

Dear Healthcare Professional:

Baxter Healthcare is recalling the products listed above as these products were potentially diluted with water for injection.

A review of our adverse event reporting systems has determined that there have been no related adverse or serious adverse events for the products listed below.

	<b>Code</b>	<b>Description</b>	<b>Batch</b>	<b>Expiry</b>
<b>Affected Products</b>	AHB7616	0.9% Sodium Chloride for Irrigation	S71N8	31/03/2016
	AHB7127	0.9% Sodium Chloride for Irrigation	S82F6	31/10/2016

**Actions to be taken by healthcare professional**

1. Please do not use the affected product and notify the staff to remove the affected product.
2. The affected product should be returned by contacting Baxter Sales Representative, Angela Lim at +65 82000 434.

We apologize for any inconvenience this may cause you and your staff. All the hospital pharmacy/purchaser and distributor have been informed. The Health Sciences Authority has been notified of this product recall. Any adverse reactions or quality problems experienced with the use of these products may be reported using one of the following options:

- Please report to Angela Lim at [angela\\_lim@baxter.com](mailto:angela_lim@baxter.com) or call at +65 82000 434.
- Please report Product Complaints to Corynn Tan at [chai\\_hwee\\_corynn\\_tan@baxter.com](mailto:chai_hwee_corynn_tan@baxter.com)
- Please report Adverse Events to [Singapore\\_patientsafety@baxter.com](mailto:Singapore_patientsafety@baxter.com)

Sincerely,

Corynn Tan  
QA Manager  
Baxter Healthcare (Asia) Pte Ltd

**CUSTOMER REPLY FORM****Urgent Medical Device Recall****Apr 10, 2015**

Please complete and return this form to the email ID listed below as confirmation that you have received this notification by **Apr 20, 2015 (Monday)**. A cover sheet is not required.

**Attention:** Corynn Tan  
**Email:** chai\_hwee\_corynn\_tan@baxter.com

Facility Name and Address:	
Name: <b>(Please Print Name)</b>	
Title: <b>(Please Print)</b>	
Telephone Number: <b>(Including Area Code)</b>	

Product Code	Lot Number	Product Name	Quantity to be returned
AHB7616	S71N8	0.9% Sodium Chloride for Irrigation	
AHB7127	S82F6	0.9% Sodium Chloride for Irrigation	

Your signature below indicates understanding the contents of the attached letter; performing the actions as outlined in the letter, as needed; and dissemination of this information to staff and other services or facilities, as applicable.

<b>Signature/Date:</b>  REQUIRED FIELD	
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**PLEASE ENSURE THE REPLY FORMS CONTAIN YOUR NAME, TITLE, SIGNATURE AND DATE IN THE ABOVE FIELDS.**

**RESPONDING TO THIS REQUEST WILL PREVENT THE RECEIPT OF UNNECESSARY REPEAT NOTIFICATIONS CONCERNING THIS ISSUE.**