B. Braun Medical Ltd.
Thorncliffe Park
Sheffield S35 2PW

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Bee Keong Loo
B. Braun Singapore Pte. Ltd.
30 Tuas Road
Singapore 638492

22nd January 2015

Urgent Medical Device Recall Notice

Product:	**GB-315-20-E**
Description:	**Aesculap Sillar Templet**
Batch/Lot No(s).:	**58120294**
Serial No(s).:	**N/A**

Dear Customer,

B. Braun Medical Limited has identified that the above product manufactured in August 2014, under batch/lot number 58120294, has incorrect size markings and labeling information.

The product packaging label and markings indicate that the device is a Sillar Template for measuring femoral heads with a size range of 39 to 47mm but dimensional checks showed the template is actually for sizing 49 to 57mm heads.

We request that you quarantine any available stock and return it to B Braun Medical Limited for credit or replacement.

Please ensure this notice is passed on to all those who need to be aware within your organization.

If you have forwarded the involved product to a third party, please provide a copy of this information to this party and also inform B Braun Medical Limited.

If you require any further information in regards to this notice, please contact our customer complaints department on; 0114 2259155.

Enclosed you will find an acknowledgement of receipt, we would please request that you sign and send this back to us (fax no 0114 2259136) to confirm that you have received this notice

Yours sincerely

[redacted]

Peter Mitchell
Technical and QA Director (R.P.)

[redacted]

Catherine Clulow
Team Leader Quality Complaints

Please complete this form and return to
Catherine Clulow
Fax : 0114 2259136

E-mail: catherine.clulow@bbraun.com

Acknowledgement

Urgent Medical Device Recall Notice

Product Code:

Product:	**GB-315-20-E**
Description:	**Aesculap Sillar Templet**
Batch/Lot No(s).:	**58120294**

1. We acknowledge receipt of the medical device recall information.
2. Please mark accordingly:

User:
☐ We have taken note of the medical device recall notice.

Retailer:
☐ We have forwarded the medical device recall notice to our customers and attached the customer list.

Facility _____

Location _____

Name _____

Department _____ Tel. _____

Signature _____

Date _____