Ortho Clinical Diagnostics	**URGENT FIELD SAFETY NOTICE** **Positively Biased Results using VITROS® Immunodiagnostic Products Intact PTH Reagent Packs**

Date Issued October x, 2016

Affected Product

Product Name (Unique Device Identifier No)	Product Codes	Affected Lot Number (Expiry Date)	
VITROS Immunodiagnostic Products Intact PTH Reagent Pack (10758750006267)	6802892	0700 (18-Oct-16)	0748 (06-Feb-17)
		0710 (14-Nov-16)	0758 (06-Mar-17)
VITROS Immunodiagnostic Products Intact PTH Calibrators (10758750006250)	6802893	0728 (12-Dec-16)	0768 (10-Apr-17)
		0738 (02-Jan-17)	

The VITROS Intact PTH (iPTH) test is performed using VITROS Intact iPTH Reagent Packs and Calibrators on VITROS ECi/ECiQ Immunodiagnostic Systems, VITROS 3600 Immunodiagnostic Systems and VITROS 5600 Integrated Systems.

Issue Description

As part of a Field Safety Corrective Action, Ortho Clinical Diagnostics (Ortho) initiated this Urgent Field Safety Notice having confirmed that results obtained from VITROS iPTH Reagent Packs are positively biased (i.e., falsely elevated) compared to an alternative commercially available method.

Ortho observed a positive bias of 40% for samples with iPTH concentrations <100pg/mL when testing with VITROS iPTH Reagent Packs in comparison to the Roche Elecsys PTH test. Our data demonstrated that this bias was consistent for all in-date lots. Method comparison data are located on page two.

Due to limited availability of samples with iPTH concentrations >100 pg/mL, our investigation may take several more weeks to complete. In the best interest of our customers and patients, Ortho is communicating our preliminary results and will provide additional notifications when final results are available.

This issue affects all in-date lots (listed above) and potentially lots that have expired.

Impact to Results

Reference Interval: Due to this positive bias, samples from patients with normal levels of iPTH may be above the current reference interval. Therefore, the reference interval as defined in the Instructions for Use (7. 5-53.5 pg/mL (0.8-5.7 pmol/L)) is no longer supported.

For known affected lots (listed above): Consider reviewing results obtained on these lots and discuss any concerns you may have regarding previously reported iPTH results with your Laboratory Medical Director to determine the appropriate course of action

Expired lots: Ortho has not identified the lot in which this bias originated; biased results for samples evaluated prior to this communication are not easily identifiable; thus, a review of previous results obtained on expired lots may be impractical.

Required Actions

- Until further notice, be aware of positively biased results when using VITROS iPTH Reagent Packs.
  Note: Ortho is working to ensure that future lots give a performance consistent with these current (in-date) lots while the cause of the bias is investigated.

Required Actions (continued)	• Discuss any concerns regarding previously reported results with your Laboratory Medical Director to determine the appropriate course of action. • Post this notification by your VITROS System or with your user documentation. • In accordance with regulatory requirements, complete the Confirmation of Receipt form. Please return your form by **October xx, 2016.**
Interim Actions	Further correlation studies are planned in the coming weeks as our root cause investigation continues. We will issue a follow up notification in the near future with further information and/or recommendations. In the interim, consider re-establishing the reference interval for your laboratory; the reference interval as defined in the IFU is no longer supported.
Contact Information	If you have any questions, please contact the Ortho Care™ Technical Solutions Center at insert number. Insert signatory if appropriate in your region

Enclosure: Confirmation of Receipt Form

Questions and Answers

1. **What should be considered if I decide to continue to use this assay?**

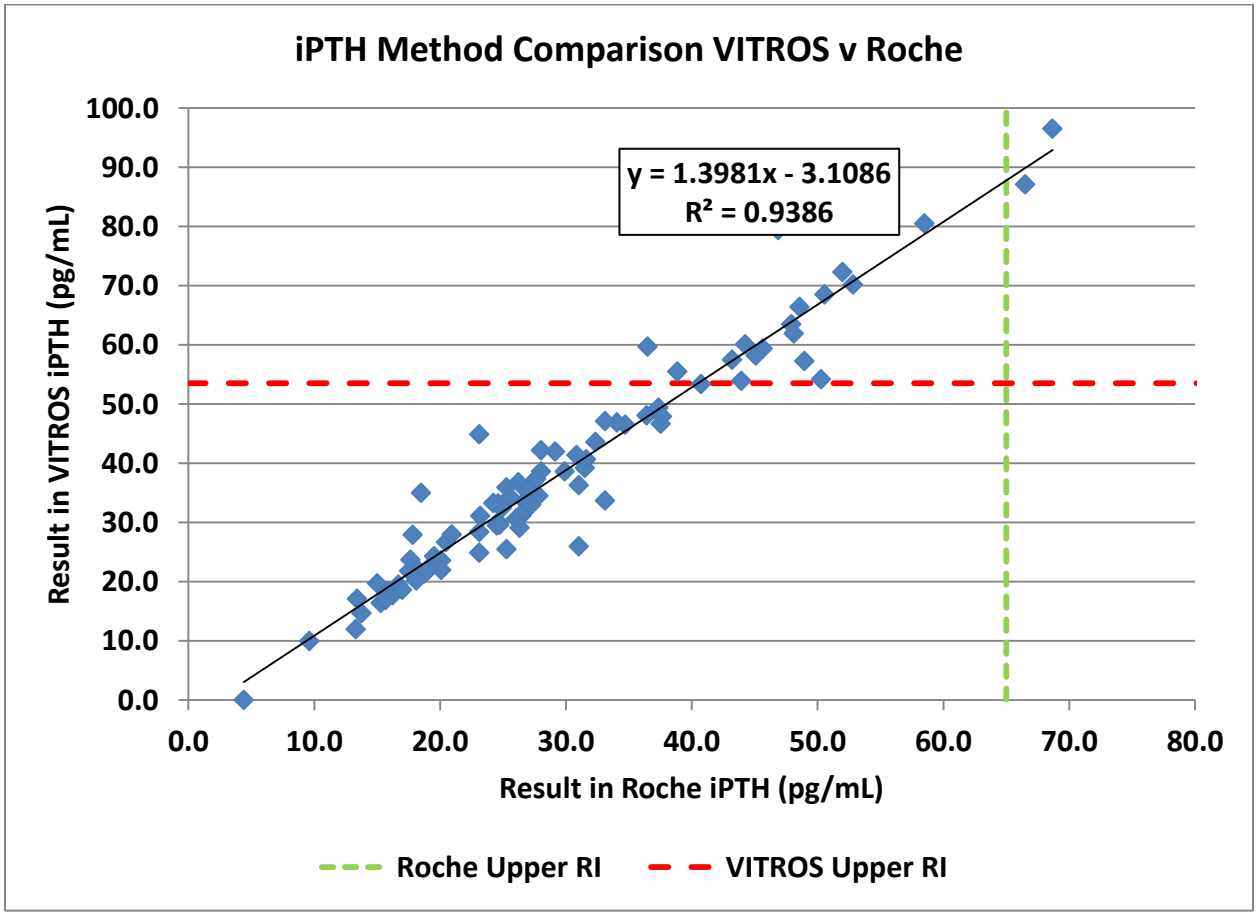
   To minimize customer/patient disruptions while further investigational studies and the root cause investigation is completed, Ortho has decided to allow the continued distribution and use of this product.

   Please discuss with your Medical Director whether it is suitable to continue to use this assay in your facility.

   For intraoperative iPTH testing in parathyroidectomy, most current practice guidelines state a goal of >50% reduction of iPTH after parathyroid gland excision. Since the preliminary data show a consistent bias for samples < 100 pg/mL, the bias for this sample population should have minimal impact on the percentage of post-operative iPTH reduction. Ortho also recommends that you discuss this information with surgeons and other healthcare providers at your facility to determine use of this assay intraoperatively.

2. **What is the impact to my results?**

   The data obtained from one lot show our method comparison data for samples < 100 pg/mL that were generated by the VITROS System.



   NOTE: Additional testing is planned to determine the impact for samples with iPTH concentrations ≥ 100 pg/mL.

Questions and Answers (continued)

3. Are all lots affected?

The bias affects all current (in-date) lots and potentially expired lots. Until the root cause is identified and the issue is resolved, the bias will also affect future lots.

If your laboratory chooses not to use VITROS iPTH Reagent Packs, credit is available for any inventory that you discard. Ortho will credit your account as indicated on your Confirmation of Receipt form

4. How can I verify or re-establish a reference interval?

If you choose to re-establish the reference interval for your laboratory, instructions can be located in the Clinical and Laboratory Standards Institute's (CLSI) document *Defining, Establishing, and Verifying Reference Intervals in the Clinical Laboratory; Approved Guideline—Third Edition* (C28-A3), published in November 2008.

5. What is Ortho doing to resolve this issue?

Ortho performed a *preliminary* comparison study and determined it was important to provide this information for your awareness. As our root cause investigation continues, further comparison studies are planned in the coming weeks. A follow up notification will be issued with further information and/or recommendations.

Confirmation of Receipt – Response Required

URGENT FIELD SAFETY NOTICE

Ortho Clinical Diagnostics

Positively Biased Results using VITROS® Immunodiagnostic Products Intact PTH Reagent Packs

*Please return completed form by **fax** or **scan to PDF** and email so that we can complete our records no later than*: **DD-MM-YYYY**

Send to: Name e-Mail Address: email address Fax: Fax Number

Please Confirm

I received the Urgent Field Safety Notice (Ref. CL2016-196_EU) regarding results obtained from VITROS iPTH Reagent Packs that were positively biased compared to an alternative commercially available method.

I understand this issue and I am aware of positively biased results with all VITROS iPTH Reagent Packs until further notice.

Please choose from the following:

☐ My laboratory does not currently use VITROS iPTH Reagent Packs and is not affected by this issue.

☐ My laboratory uses VITROS iPTH Reagent Packs; I am aware of this issue and will continue to use this product.

☐ My laboratory has VITROS iPTH Reagent Packs. I have discontinued using and discarded the quantity listed in the table below. Credit my account (Credit can be issued for full or partial sales units.

Product Name/Product Code/LOT	Quantity Discarded
VITROS iPTH Reagent Packs / 6802892	
VITROS iPTH Calibrators / 6802893	

One Sales Unit for VITROS iPTH Reagent Packs = 1 Pack containing 100 wells
One Sales Unit for VITROS iPTH Calibrators = 1 box containing 3 sets of calibrator

Your signature provides confirmation that you have received and understand this notification.

Your Name: _____ Signature: _____
Required if sent by fax or a scanned PDF

Phone Number: _____ Date: _____

Your Comments: _____

Your Name and Address

Verify your name and mailing address:

Please complete this section if any of this information has changed

Institution/
Contact Name: _____
Address: _____
City: _____ State/Prov: _____ Zip/Postal Code: _____
Phone: _____ Fax: _____
e-Mail: _____