

Rev 1: September 2018

FSN Ref: 2102-07-FSN FSCA Ref: 2102-07-FSCA

Date: 06.May.2021

Urgent Field Safety Notice AUTOSELECTOR

For Attention of*:Swissmedic, Schweizerisches Heilmittelinstitut and Dutch Health and Youth Care Inspectorate (IGJ)

Contact Information

Name: Ace-medical (Manufacturer)

Address: 33, Naeyugil 124beon-gil, Deogyang-gu, Goyang-si, Gyeonggi-do, Republic of

Korea

Postcode: 10264

Phone: +82-31-960-9263

E-mail.: dykim@ace-medical.com



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Urgent Field Safety Notice (FSN) AUTOSELECTOR Leak in the selector module

		1. Information on Affected Devices*
1	1.	Device Type(s)*
	Infusio	n pump, manually-operated, and sterilized product
1.	2.	Commercial name(s)
	AUTO	SELECTOR (550mL / B-type)
1.	3.	Unique Device Identifier(s) (UDI-DI)
<u>(6)</u>	N/A	
	4.	Primary clinical purpose of device(s)*
1		utoSelector is intended for continuous and/or intermittent infusion of medication for all infusion use including antibiotic, chemotherapy and pain management therapies.
1.	5.	Device Model/Catalogue/part number(s)*
,	AFLC-	В
1.	6.	Software version
*	N/A	
1.	7.	Affected serial or lot number range
1 %:	A2008	04-PSCFB000CH-1, A200805-PSCFB000CH-1
1.	8.	Associated devices
I K	N/A	

	2 Reason for Field Safety Corrective Action (FSCA)*
2.	Description of the product problem*
4 8	Leak in the selector module.
	2. Hazard giving rise to the FSCA*
2.	There was no harm to a patient. However as a result of customer complaint product tests, reported condition was verified. Since we identified the root cause and prevent the same customer complaint, we issue the FSCA.
	3. Probability of problem arising
2.	To prevent the same customer complaint arising, Ace-medical will remove the product LOT number A200804-PSCFB000CH-1 and A200805-PSCFB000CH-1.



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	4. Predicted risk to patient/users
2.	If the leaking selector module is attached to the patient, drug can be injected abnormally (At low risk).
2.	5. Further information to help characterise the problem
2,	N/A
	6. Background on Issue
2.	A number of Autoselectors were returned as customer complaints products. And through the tests of them, Ace-medical found a problem on a material(LOT number A200715) which is used on product LOT number A200804-PSCFB000CH-1 and A200805-PSCFB000CH-1.
2	7. Other information relevant to FSCA
2.	N/A

		3. Ty	pe of Actio	n to mitigate	the risk*
3.	1.	Action To Be Taken by t	he User*		
		☐ Identify Device ☐ Quar	antine Device	☐ Return Device	e ⊠ Destroy Device
		☐ On-site device modificat	ion/inspection		
		☐ Follow patient managem	ent recommend	ations	
		☐ Take note of amendmen	t/reinforcement	of Instructions For	Use (IFU)
		□ Other □ No	ne		
		Provide further details of th	e action(s) ident	ified.	
3,,	2.	By when should the action be completed?	The	expected date is	mid-May
3.	3.	Particular considerations for	or: MI	OD	
		Is follow-up of patients or re No, as Ace-medical chooses patients.	•	•	
3.	4.	Is customer Reply Require			No
	(If	yes, form attached specifyin	g deadline for re	eturn)	



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3.	5.	Action Being Taken by th	e Manufacturer	
		☑ Product Removal☐ Software upgrade☐ Other	☐ On-site device modification.☐ IFU or labelling change☐ None	/inspection
3	6.	By when should the action be completed?	The expected date is mid-	May
3.	7.	Is the FSN required to be couser?	ommunicated to the patient /lay	No
3	8.		provided additional information professional user information le	



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	4.	General Information*	
4.	1. FSN Type*	Update	
4.	For updated FSN, reference number and date of previous FSN	1 1117-117-ESNI 78 ADEII 71171	
4.	3. For Updated FSN, key new information as follows:		
	N/A		
4.	 Further advice or information already expected in follow-up FSN? * 	I No	
4	5. If follow-up FSN expected, what is the further advice expected to relate to:		
	N/A		
4	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	Ace-medical	
	b. Address	33, Naeyugil 124beon-gil, Deogyang-gu, Goyang-si, Gyeonggi-do, Republic of Korea	
	c. Website address	www.ace-medical.com	
4	The Competent (Regulatory) Authority of your country has been informed about communication to customers. *No		
4.	9. List of attachments/appendices:	N/A	
4.	10. Name/Signature	Daeyang Kim, Quality Management Manager	

Transmission of this Field Safety Notice	

Note: Fields indicated by * are considered necessary for all FSNs. Others are optional,