

Rev 1: September 2018

FSN Ref: FSN-2021-008

FSCA Ref: FSN-2021-008

Date: 01 September 2021

Urgent Field Safety Notice (FSN)
ThermoScientific™ Oxoid™ Egg Yolk Emulsion SR0047C

For Attention of*: Lab Managers

Contact details of local representative (name, e-mail, telephone, address etc.)*

E.mail : mbd.vigilance@thermofisher.com

Telephone: +44(0) 1256 841144

Fax: +44(0) 1256 479525

Urgent Field Safety Notice (FSN)
ThermoScientific™ Oxoid™ Egg Yolk Emulsion SR0047C


1. Information on Affected Devices*	
1.	1. Device Type(s)* Culture Media Supplement
1.	2. Commercial name(s) ThermoScientific™ Oxoid™ Egg Yolk Emulsion
1.	3. Unique Device Identifier(s) (UDI-DI) 5032384013913
1.	4. Primary clinical purpose of device(s)* ThermoScientific™ Oxoid™ Egg Yolk Emulsion is a stabilised emulsion of egg yolk for use in culture media. It may be added directly to nutrient media for the identification of <i>Clostridium</i> , <i>Bacillus</i> and <i>Staphylococcus</i> species by their lipase activity.
1.	5. Device Model/Catalogue/part number(s)* SR0047C
1.	6. Software version N/A
1.	7. Affected serial or lot number range 3281762
1.	8. Associated devices N/A

2. Reason for Field Safety Corrective Action (FSCA)*	
2.	1. Description of the product problem* An internal investigation by Oxoid Limited, part of Thermo Fisher Scientific, has confirmed that the standard appearance of the emulsion is an orange/ yellow colour, the batch subjected to this FSN indicates a white/cream colour. The pH of the emulsion is approximately 5.5. where the specification pH is 6.0-6.5. The pale colouration of the emulsion is resulting in pale colouration and a visible surface film of finished products when used in conjunction with typical culture media formulations. Alongside the visual defects highlighted several microbiological parameters are not meeting our accepted release criteria: <ul style="list-style-type: none">• ThermoScientific™ Bacillus cereus Selective Agar Base (CM0617) - <i>Pseudomonas</i> is not inhibited• ThermoScientific™ MYP Agar (CM0929) – <i>Bacillus sp</i> growth is restricted• ThermoScientific™ Blood agar base (CM0055) - <i>Staphylococcus aureus</i> does not produce zones
2.	2. Hazard giving rise to the FSCA* Continued use of these lots could produce incorrect reactions and reduced colony size.
2.	3. Probability of problem arising

	The batch appearance is significantly different from the described specification and other batches, the issue is likely to be noticed before opening and the batch would not be used for testing.
2.	4. Predicted risk to patient/users There should be no immediate or long-term consequences from use of this product. The use of this product provides only additional information on the identity of a clinical species and is not the only determination of identity.
2.	5. Further information to help characterise the problem The pale colour should be noticed by users, and the material does not use for clinical testing. If the emulsion is not used very early in its shelf life (when performance is satisfactory), standard quality control strain will not perform as expected.
2.	6. Background on Issue This issue is currently suspected to be caused by variability in the raw materials used to manufacture the impacted batch.
2.	7. Other information relevant to FSCA N/A

3. Type of Action to mitigate the Risk*	
3.	1. Action To Be Taken by the User* <input checked="" type="checkbox"/> Identify Device <input type="checkbox"/> Quarantine Device <input type="checkbox"/> Return Device <input checked="" type="checkbox"/> Destroy Device <input type="checkbox"/> On-site device modification/inspection <input checked="" type="checkbox"/> Follow patient management recommendations <input type="checkbox"/> Take note of amendment/reinforcement of Instructions For Use (IFU) <input type="checkbox"/> Other <input type="checkbox"/> None
3.	2. By when should the action be completed? Without undue delay
3.	3. Particular considerations for: IVD Is follow-up of patients or review of patients' previous results recommended? Yes We request that the requirement for review of reported test results should be determined by the appropriate technical expert.
3.	4. Is customer Reply Required? * Yes (If yes, form attached specifying deadline for return)
3.	5. Action Being Taken by the Manufacturer <input checked="" type="checkbox"/> Product Removal <input type="checkbox"/> On-site device modification/inspection <input type="checkbox"/> Software upgrade <input type="checkbox"/> IFU or labelling change <input type="checkbox"/> Other <input type="checkbox"/> None
3	6. By when should the action be completed? Without undue delay
3.	7. Is the FSN required to be communicated to the patient /lay user? No

3	8. If yes, has manufacturer provided additional information suitable for the patient/lay user in a patient/lay or non-professional user information letter/sheet?		
	Choose an item.	Choose an item.	N/A

4. General Information*		
4.	1. FSN Type*	New
4.	2. For updated FSN, reference number and date of previous FSN	N/A
4.	3. For Updated FSN, key new information as follows: N/A	
4.	4. Further advice or information already expected in follow-up FSN? *	Not planned yet
4	5. If follow-up FSN expected, what is the further advice expected to relate to:	
	N/A	
4	6. 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	Thermo Fisher Scientific
	b. Address	Wade Road, Basingstoke, Hampshire RG24 8PW
	c. Website address	www.thermofisher.com/microbiology
4.	8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. *	
4.	9. List of attachments/appendices:	Customer Response Form
4.	10. Name	James Filer Vice President, Quality and Regulatory, MBD
	Signature	

Transmission of this Field Safety Notice	
	<p>This notice needs to be passed on all those who need to be aware within your organisation or to any organisation where the potentially affected devices have been transferred. (As appropriate) Please transfer this notice to other organisations on which this action has an impact. (As appropriate).</p> <p>Please maintain awareness on this notice and resulting action for an appropriate period to ensure effectiveness of the corrective action.</p> <p>Please report all device-related incidents to the manufacturer, distributor or local representative, and the national Competent Authority if appropriate, as this provides important feedback.*</p>

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Customer Reply Form

1. Field Safety Notice (FSN) information			
FSN Reference number*	2021-008		
FSN Date*	1 September 2021		
Product/ Device name*	ThermoScientific™ Oxoid™ Egg Yolk Emulsion		
Product Code(s)	SR0047C		
Batch/Serial Number (s)	3281762		
2. Customer Details			
Account Number			
Organisation Name*			
Organisation Address*			
Department/Unit			
Shipping address if different to above			
Contact Name*			
Title or Function			
Telephone number*			
Email*			
3. Customer action undertaken on behalf of Healthcare Organisation			
<input type="checkbox"/>	I confirm receipt of the Field Safety Notice and that I read and understood its content.		
<input type="checkbox"/>	I performed all actions requested by the FSN.		
<input type="checkbox"/>	The information and required actions have been brought to the attention of all relevant users and executed.		
<input type="checkbox"/>	I have returned affected devices - enter number of devices returned and date complete or N/A	Qty:	Lot/Serial Number: Date Returned (DD/MM/YY)
		Comments:	
<input type="checkbox"/>	I have destroyed affected devices – enter number destroyed and date complete. (EDIT WHEN NECESSARY) or N/A	Qty:	Lot/Serial Number: Date Returned (DD/MM/YY)
		Qty	Credit <input type="checkbox"/> Replacement <input type="checkbox"/>
		Comments:	
<input type="checkbox"/>	No affected devices are available for return/ destruction		
<input type="checkbox"/>	Other Action (Define):		
<input type="checkbox"/>	I do not have any affected devices.		
<input type="checkbox"/>	I have a query please contact me (e.g. need for replacement of the product).		
Print Name*			
Signature*			
Date*			

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4. Return acknowledgement to sender	
Email	MBD.vigilance@thermofisher.com
Telephone Number & Fax	Tel : +44(0) 1256 841144 Fax :+44(0) 1256 479525
Postal Address	
Deadline for returning the reply form*	28 September 2021

Mandatory fields are marked with *

It is important that your organisation takes the actions detailed in the FSN and confirms that you have received the FSN.
Your organisation's reply is the evidence we need to monitor the progress of the corrective actions.