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Date: 14.11.2024
Pages: 3

Subject: Important safety information: Recall of 09.88.30 - Mercedes Liposuct Kan 15cm – Chargennummer RCIC2-0023 / FIIS4-0023 / RAIS3-0023 / RSIC3-0023

Dear Sir or Madam,

We would like to inform you that we are initiating a recall for the product 09.88.30 - Mercedes Liposuct Cannula 15cm with the batch numbers RCIC2-0023 / FIIS4-0023 / RAIS3-0023 / RSIC3-0023 due to a possible safety hazard. As part of our continuous quality control, it was determined that the working end of the cannula was manufactured at the lower tolerance. In rare cases, it cannot be ruled out that the working end could bend if the pressure is too high.

Affected products:

Product name: Mercedes Liposuct Cannula 15cm
Item Number: 09.88.30
Batch number: RCIC2-0023 / FIIS4-0023 / RAIS3-0023 / RSIC3-0023

Necessary measures:

Please stop using the affected products immediately and follow the instructions below:

1. **Identify all affected products according to the batch number given above.**
2. **Stop using the products and isolate them from the rest of the stock.**
3. **Please return the articles with the affected batches to us. You will of course receive an appropriate replacement.**
4. **If a return is not possible, please send us a letter confirming the scrapping of the affected products.**

Further information and support

If you have any questions or need support, our customer service team will be happy to help you.

Thank you for your support and understanding.

The security of our customers is our top priority and we are doing everything we can to provide you with a secure solution. We apologize for any inconvenience this may cause you.

Kind regards,

Jörg Treu
Quality Management Representative

M E D I C O N eG

Response form for Field Safety Corrective Action (FSCA)

- Product name: **Mercedes Liposuct Kan 15cm**
- Serial/batch number (*Please check the appropriate batch*):

  ☐ **RCIC2-0023**

  ☐ **FIIS4-0023**

  ☐ **RAIS3-0023**

  ☐ **RSIC3-0023**

Confirmation of the measures:

☐ I confirm that I have read and implemented the corrective action instructions.

☐ The affected product has been isolated/quarantined and/or returned.

☐ The affected product has been disposed of in accordance with the manufacturer's instructions

Comment / Additional information (if required):

Date: _____

Signature of the consignee: _____

Name and position: _____

Please return the reply form by: 22.11.2024