

FSN Ref: FSCA Manufacturer Ref: CAR 07-01-2019

**Date: July 9th, 2019** 

# <u>Urgent Field Safety Notice</u> <u>Electromedical Products International Inc 's</u> <u>"Alpha Conducting Solution"</u>

For Attention of\*: Alpha Conducting Solution Users and Distributors

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

| Distributor<br>Name & Address  | Contact<br>Name        | Country     | Phone number and email address                            |
|--|------------------------|-------------|---|
| Piniol Therapie<br>Erlistrasse 2 , 6403<br>Kussnacht am Rigi   | Sandra<br>Schonbachler | Switzerland | (41) 41 854 18 17<br>sandra.schoenbaechler@piniol.ch      |
| Premed<br>Chemin Rey 11C<br>La Plaine 1283   | Prema Kumar            | Switzerland | 41791095424<br>kumarprem1@gmail.com                       |
| Electro-Zeutika GmbH<br>BGM-Jakob-Karg-Str. 33<br>Grasbrunn 85630  | Bjoern<br>Schaefer     | Germany     | (49)81063778935<br>bjoern.schaefer@electro-<br>zeutika.de |
| Iben Smith-Ulnits<br>Hoptrup Vandkaer 39<br>Haderslev 6100   | Iben Smith-<br>Ulnits  | Denmark     | 45 22 42 58 08<br>iben@i-bensmith.dk                      |
| Mossawi Mohammad<br>S.A.R.L. Life Trading and<br>Development<br>Cite Freri 3, Lot B, El Hamiz<br>D.E.B.<br>Alger | Mossawi<br>Mohammad    | Denmark     | 213 21 877 585  |
| BioforMed Aesthetic SL<br>C/Amadeo Arias 15 - 7A<br>Valladolid 47014   | Claudio Tassi          | Spain       | +39 3355823165<br>bioformed.aesthetic@gmail.com           |
| Servitron 200SL<br>C/SAan German 6 Bis Local 9<br>Madrid   | David<br>Martinez      | Spain       | dpm.health@hotmail.com                                    |



## Electromedical Products International, Inc.

| Distributor<br>Name & Address  | Contact<br>Name          | Country           | Phone number and email address              |
|--|--------------------------|-------------------|---|
| The Microcurrent Site Ltd Unit 3, Upstairs Brookside Sawtry Hunts PE28 5SB                 | Steve<br>Hutchinson      | United<br>Kingdom | 1487208041 steve@themicrocurrentsite.co.uk  |
| Zagoridis Georgios "Neuvexis<br>Healthcare"<br>24 Chalkidikis Street<br>Thessaloniki 54643 | George<br>Zagoridis      | United<br>Kingdom | (30) 6949 335 074<br>zagoridis@neuvexis.com |
| TradeMed d.o.o<br>Trg. JF Kennedya 6b<br>Zagreb 10000                                      | Natko Geres              | Croatia           | 385-1-2444-656<br>natkogeres@gmail.com      |
| Mediwel Kft Nepessy Judit<br>H-1037 Budapest<br>Vorosvari ut 107. fszt.                    | Judit Nepessy            | Hungary           | 36-20779 4074<br>judit.nepessy@mediwel.hu   |
| BITS Sas<br>Via G. Matteotti 19<br>Villasanta  | Tommaso<br>Calini        | Italy             | +39 339 6510055<br>tcalini@bitsol.eu        |
| UAB Meda LT<br>Šaltalankiu 14-4, Klevines vs.<br>Avižieniu sen<br>Vilnius 14180            | Kazimieras<br>Zakevicius | Lithuania         | 370 5 246 0054<br>info@meda-lt.lt           |
| ARGUS RT Ltd<br>15E Unijas Str.<br>Riga<br>LV1039  | Eduards Arajs            | Latvia            | 37129203393 eduards.arajs@argus.lv          |
| EEG Professionals BV<br>Vestdijk 61<br>5611 CA<br>Eindhoven 5611                           | Derk Mulder              | Netherlands       | 040-2364111<br>d.mulder@ggzgroep.nl         |
| Microstim Nederland BV<br>Mitchamplein 1A<br>7556 SC Hengelo<br>Hengelo 7556               | Jacquelien<br>Fekkes     | Netherlands       | 074 2504669<br>braindynamics@gmail.com      |



FSN Ref: FSCA Manufacturer Ref: CAR 07-01-2019

# **Urgent - Field Safety Notice (FSN)**

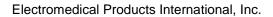
# Electromedical Products International Inc – "Alpha Conducting Solution"

#### **Information on Affected Devices\*** 1. Device Type(s)\* 1 Alpha Conducting Solution is a solution used with the Alpha-Stim M & AID devices to assist with electrical conductivity. Alpha-Stim devices are electrotherapy stimulation devices for the treatment of anxiety, insomnia, depression and pain. Product is not sterile. 1 2. Commercial name(s) .2 "Alpha Conducting Solution", "ACS", "ACSR" (ACS Refill) 3. Unique Device Identifier(s) (UDI-DI) 1 4. Primary clinical purpose of device(s)\* Alpha Conducting Solution is an accessory to the Alpha-Stim devices. It is applied in drops to the portion of the device that attaches to the patient to increase electrical conductivity. 5. Device Model/Catalogue/part number(s)\* ACS (15 ml) and ACSR (250 ml) 1 6. Software version

7. Affected serial or lot number range

Not relevant.

| Product             | Model /size    | Lot Number | Manufacturing Da |               |
|---------------------|----------------|------------|------------------|---------------|
|                     |                | 081914-15  | June, 2014       |               |
|                     |                | 111715-15  | October, 2015    |               |
|                     |                | 070116-15  | July 2016        |               |
|                     |                | 020117-15  | February, 2017   |               |
|                     | ACS            | 080117-15  | August, 2017     |               |
|                     | 15 ml          | 010118-15  | January, 2018    |               |
|                     |                | 041618-15  | April, 2018      |               |
|                     |                | 041618A-15 | April, 2018      |               |
| Alpha<br>Conducting |                | 071618-15  | July, 2018       |               |
|                     |                | 102018-15  | October, 2018    |               |
|                     | ACSR<br>250 ml | 032014-25  | February 2014    |               |
| Solution            |                | 060515-25  | May, 2015        |               |
|                     |                | 101615-25  | October 2015     |               |
|                     |                | 011716-25  | November, 2015   |               |
|                     |                | 021317-25  | February, 2017   |               |
|                     |                | 080117-25  | August, 2017     |               |
|                     |                |            | 010118A-25       | January, 2018 |
|                     |                | 041618-25  | April, 2018      |               |
|                     |                | 071618-25  | July, 2018       |               |
|                     |                | 102018A-25 | October, 2018    |               |





1 Within context of the FSCA e.g. for IVD reagents and platforms. NA

|   | 2 Reason for Field Safety Corrective Action (FSCA)*   |
|---|---|
| 2 | 1. Description of the product problem*  |
|   | The product may not have the capability to effectively control the contamination of the conducting solution over time. The products failure to prevent contamination could lead to injuries associated with, but not limited to, the following: Candida albicans, Aspergillus Niger, Escherichia coli, Pseudomonas aeruginosa, Staphylococcus aureus.   |
| 2 | 2. Hazard giving rise to the FSCA*  |
|   | There have been no reports of harm or injury due to this event; risk of occurrence is small.  Customers should be cautious that the product may not have the capability to effectively control the contamination of the conducting solution over time.  The products failure to prevent contamination could lead to injuries associated with, but not limited to, the following: Candida albicans, Aspergillus Niger, Escherichia coli, Pseudomonas aeruginosa, Staphylococcus aureus. Solution should not be used; it should be discarded. |
| 2 | 3. Probability of problem arising   |
| - | Improbable  |
| 2 | 4. Predicted risk to patient/users  |
|   | Overall risk to patient is "LOW".   |
| 2 | 5. Further information to help characterize the problem   |
|   | EPI has received no complaints or notices of harm due to Alpha Conducting Solution.   |
|   | Solution supplier, Pharmaceuticals Innovations, also has not received any notices of harm.  |
| 2 | 6. Background on Issue  |
| - | EPI was contacted by our solution supplier, Pharmaceutical Innovations, that the solution failed antimicrobial stability testing.  They indicated no complaints or harm were received due to the solution, but a voluntary recall of the product was deemed necessary.  |
| 2 | 7. Other information relevant to FSCA   |

FSN Ref: CAR 07-01-2019

FSCA Manufacturer Ref: CAR 07-01-2019

|    |     | 3. Type of Action to mitigate the risk*   |                                     |                                  |  |
|----|-----|---|-------------------------------------|----------------------------------|--|
| 3. | 1.  | 1. Action To Be Taken by the User*  |                                     |                                  |  |
|    |     | X Identify Solution X Quarantine Device □ Return Device X Destroy Solution  |                                     |                                  |  |
|    |     | ☐ On-site device modification   | n/inspection                        |                                  |  |
|    |     | ☐ Follow patient managemen  | nt recommendations                  |                                  |  |
|    |     | ☐ Take note of amendment/r  | einforcement of Instructions For Us | se (IFU)                         |  |
|    |     | □ Other □ None  | e                                   |                                  |  |
|    |     | Provide further details of the  | action(s) identified.               |                                  |  |
| 3. | 2.  |   | Immediately                         |                                  |  |
| 3. | 3.  | . Particular considerations.  |                                     |                                  |  |
|    |     | Is follow-up of patients or review of patients' previous results recommended?  No follow up is needed.  No complaints or notices of harm have occurred.  Risk of a problem arising is very small/low.  Discontinuing use should mitigation the concern.           |                                     |                                  |  |
| 3. | 4.  | Is customer Reply Requi   |                                     | Recommended,<br>but not required |  |
|    | (II | yes, form attached specify  | ying deadline for return)           | but not required                 |  |
| 3. | 5.  | Action Being Taken by the Manufacturer  |                                     |                                  |  |
|    |     | X Product Removal   | ☐ On-site device modification/inspe | ection                           |  |
|    |     |   | ☐ IFU or labelling change           |                                  |  |
|    |     | □ Other □   | □ None                              |                                  |  |
|    |     | EPI is asking customers to stop using the product and distributors to cease sales immediately.  This constitutes a product removal by asking customers to dispose of the material. There is no expectation that product needs to be returned to the manufacturer. |                                     |                                  |  |
| 3  |     | 6. By when should the action be completed?  |                                     |                                  |  |
|    |     | See table for communication   | action as follows:                  |                                  |  |

FSN Ref: CAR 07-01-2019

FSCA Manufacturer Ref: CAR 07-01-2019

|    | Customer Type   | 1 <sup>st</sup> communication       | Examples needed:       | 2 <sup>nd</sup> communication  |
|----|---|-------------------------------------|------------------------|--------------------------------|
|    | Distributor   | Email                               | - Email                | Repeat 1 <sup>st</sup> contact |
|    | Distributor   | Liliali                             | message                | after 4 weeks if               |
|    |   |                                     | illessage              | effectivity was not            |
|    |   |                                     |                        | achieved                       |
|    | Patient& Clinical   | Email, bulk service                 | - Email                | After 4 weeks, if              |
|    | Patiento Cilincai   | provider including                  | message                | effectivity was not            |
|    |   | weblink                             | illessage              | achieved EPI will              |
|    |   | Postal mail if no                   |                        | evaluate if phone call         |
|    |   |                                     |                        | or postal mail if no           |
|    |   | phone number or<br>email address is |                        | phone number or                |
|    |   | found                               |                        | email address is               |
|    |   | Tound                               |                        | found ; or if another          |
|    |   |                                     |                        | email note is the              |
|    |   |                                     |                        | correct action.                |
|    |   |                                     |                        | Correct action.                |
|    | EPI Website   |                                     | - Web page             |                                |
|    |   |                                     | - form                 |                                |
|    |   |                                     |                        |                                |
| 3. | 7. Is the FSN required to be communicated to the patient /lay user?  YES, end user should stop using the "Alpha Conducting Solution" and destroy the product.     |                                     |                        |                                |
| 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? |                                     |                        |                                |
|    | Email messag  | e and link to EPI website           | will provide direction | n                              |

FSCA Manufacturer Ref: CAR 07-01-2019

|    | 4. General Information*  |   |   |  |
|----|--|---|---|--|
| 4. | 1.   | FSN Type*   | RECALL.   |  |
| 4. | 2.   | For updated FSN, reference  | Provide reference and date of previous FSN if     |  |
|    |  | number and date of previous FSN   | relevant  |  |
| 4. | 3.   | For Updated FSN, key new information  | ation as follows:                                 |  |
|    |  | Summarize any key difference in devices affected and/or action to be taken. |   |  |
| 4. |  | Further advice or information already expected in follow-up FSN? *          | Choose an item.                                   |  |
|    | 5.   | If follow-up FSN expected, what is  | the further advice expected to relate to:         |  |
| 4  | E.g. patient management, device modifications etc.   |   |   |  |
| 4  | 6.   | Anticipated timescale for follow-up FSN                                     | For provision of updated advice.                  |  |
| 4. | 7. Manufacturer information  |   |   |  |
|    | (Fo  | or contact details of local representative                                  |   |  |
|    |  | a. Company Name   | Only necessary if not evident on letter-head.     |  |
|    |  | b. Address  | Only necessary if not evident on letter-head.     |  |
|    |  | c. Website address  | Only necessary if not evident on letter-head.     |  |
| 4. | 8. The Competent (Regulatory) Authority of your country has been informed about this communication to customers. * |   |   |  |
| 4. | 9.   | List of attachments/appendices:   | If extensive consider providing web-link instead. |  |
| 4. | 10   | . Name/Signature  | Insert Name and Title here and signature below    |  |
|    |  |   |   |  |

### **Transmission of this Field Safety Notice**

This notice needs to be passed on all those who need to be aware within your organization or to any organization where the potentially affected devices have been transferred.

(As appropriate)

**Please transfer this notice to other organizations** on which this action has an impact. (As appropriate)

**Please maintain awareness on this notice** and resulting action for an appropriate period to ensure effectiveness of the corrective action.

Please report all device-related incidents to the manufacturer or its distributor or local representatives, and the National Competent Authority of Health of your country, if appropriate, as this provides important feed-back.\*

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