

## FIELD SAFETY NOTICE

#### **Details on affected devices:**

Egoo SARS-CoV-2 Capsule, lot number 2201DD-01 to lot number 2202DD-01.

## **Description of the problem:**

An empty or partly empty capsules was identifed for Egoo SAS-CoV-2 Capsule. An empty capsule can provide a false negative result if sample material is added to the capsule.

Negative results do not preclude SARS-CoV-2 infection and should not be used as the sole basis for patient management decisions. A negative result should always be combined with clinical observation, patient history, and epidemiological information.

#### Action to be taken by the user:

**Scrap** your Egoo SARS-CoV-2 Capsules (e48364) with lot number 2201DD-01 to 2202DD-01 within the next 5 days.

Contact reference:

e-mail: Quality@egoo.health

Address: Qlife Aps, Borupvang 3, 2750 Ballerup, Denmark

Phone +4529684680

This notice should be passed on to all those within your organization who need to be aware of the issue and to any organization to which the potentially affected product(s) have been transferred.

## **Further assistance:**

If you need assistance or have any questions regarding this notification, please contact us. We sincerely apologize for any inconvenience this may have caused to your laboratory.

Best regards,

QF 3060 09 version 01 Field Action Notice



# **Field Safety Notice Customer Reply Form**

1. Field Safety Notice (FSN) information		
FSN Reference number*		18885
FSN Date*		2022-05-03
Product/ Device name*		SARS-CoV-2 Capsule
Product Code(s)		e48364
, ,		
Batch/Serial Number (s)		2201DD-01 to 2202DD-01
2. Customer Details		
Account Number		
Healthcare 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		
☐ I confirm receipt of the Field Safety Notice and that I read and understood its content.		
☐ I performed all actions requested by the FSN.		
□ I have destroyed affected	Qty:	Lot/Serial Number:
☐ I have destroyed affected devices – enter number destroyed	Qty.	Lov Seriai Number.
and date complete.		
and date complete.		
	N/A	Comments:
☐ No affected devices are available for destruction		
Print Name*		
Signature*		
Date*		
4. Return acknowledgement to sender		
Email		Quality@egoo.health
Postal Address		Borupvang 3, 2750 Ballerup, DK
Web Portal		https://www.egoo.health/
Deadline for returning the customer reply form*		2022-05-09



## 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.