

Report Form

Field Safety Corrective Action

Medical Devices Vigilance System

(MEDDEV 2.12/1 rev 7)

new case, keep base data

Version 2.7en
2012-12-03

1 Administrative information
To which NCA(s) is this report being sent? Bundesinstitut für Arzneimittel und Medizinprodukte (BfArM) Kurt-Georg-Kiesinger Allee 3, D-53175 Bonn
Type of report <input checked="" type="radio"/> Initial report <input type="radio"/> Follow-up report <input type="radio"/> Final report
Date of this report 2015-03-02
Reference number assigned by the manufacturer SO-2015-084
FSCA reference number assigned by NCA
Incidence reference number assigned by NCA
Name of the co-ordinating NCA Competent Authority (if applicable)

2 Information on submitter of the report
Status of submitter <input checked="" type="radio"/> Manufacturer <input type="radio"/> Authorised Representative within EEA and Switzerland <input type="radio"/> Others: (identify the role)

3 Manufacturer information

new

Name Fresenius Medical Care AG & Co. KGaA	
Contact Name Marco Zimmer	
Address Else- Kröner- Str.1	
Postcode 61346	City Bad Homburg
Phone +49 6172-609 5461	Fax +49 6172-609 2512
E-mail medical-device-safety@fmc-ag.com	Country DE - Germany

4 Authorised Representative Information

new

Name	
Contact Name	
Address	
Postcode	City
Phone	Fax
E-mail	Country DE - Germany

5 National contact point information

new

National contact point name Fresenius Medical Care AG & Co. KGaA	
Name of the contact person Marco Zimmer	
Address Else- Kröner- Str.1	
Postcode 61346	City Bad Homburg
Phone +49 6172-609 5461	Fax +49 6172-609 2512
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6 Medical device information

new

Class

- AIMD Active implants
- MDD Class III
- MDD Class IIb
- MDD Class IIa
- MDD Class I
- IVD Annex II List A
- IVD Annex II List B
- IVD Devices for self-testing
- IVD General

Nomenclature system (preferable GMDN)

GMDN

Nomenclature code

47072

Nomenclature text**Commercial name/ brand name / make**

FX CorDiax 40, 50, ... 120 and FX CorDiax HDF600,

Model number

F00001588, F00001589, F00001590, F00001591, F00001592,

Catalogue number**Serial number(s)****Lot/batch number(s)****Device Mfr Date****Expiry date****Notified Body (NB) ID-number**

0123

Accessories / associated devices (if applicable)**Software version number (if applicable)**

7 Description of the FSCA	
<p>Background information and reason for the FSCA</p> <p>During the continuous post market surveillance of our FX CorDiax dialysers, we have observed an increased number of cases of hypersensitivity and hypersensitivity-like reactions with the application of the FX CorDiax dialysers, including life threatening events.</p> <p>We also identified that the description of side effects in the IFU does not adequately reflect the probability and nature of hypersensitivity and hypersensitivity-like reactions.</p>	
<p>Description and justification of the action (corrective / preventive)</p> <p>1. Immediate information of our customers about an increased rate of possible side effects and the precautions to take.</p> <p>2. Corrective action: In order to better address possible hypersensitivity and hypersensitivity-like reactions in individual patients, we will adapt the IFU in the following points. The section side-effects will be expanded with a description of symptoms of the already labelled hypersensitivity reactions.</p> <p>A more detailed advice regarding the use of the dialyser, the treatment modality (e.g. general advice for gradual adaptation to high performance HD) and the handling of hypersensitivity and hypersensitivity-like reactions will be provided.</p> <p>We will also include at the contraindications section, that patients with known hypersensitivity to any of the dialyser's material must not be treated with the dialyser.</p> <p>3. A product specific cause or mechanism is not known yet. We are not aware of any product/production deviation and therefore we are not able to implement further CAPA. Although the rate of possible events has increased, the positive risk benefit ratio of these products is confirmed.</p>	
<p>Advice on actions to be taken by the distributor and the user</p> <p>User should carefully monitor patients who have not previously been treated with FX CorDiax dialyser, or who have shown possible hypersensitivity symptoms during previous treatments, or who have a history of allergy including asthma. Patients with known hypersensitivity to any of the dialyser's material must not be treated with these dialysers.</p> <p>In patients not treated with these dialysers before and incident patients starting HD or HDF therapy, the treatment intensity shall be gradually increased to permit adequate adaptation.</p> <p>If severe hypersensitivity or hypersensitivity-like reactions occur, the dialysis must be discontinued and the blood from the extracorporeal system must not be returned to the patient and appropriate emergency medical treatment must be initiated</p>	
<p>Progress of FSCA , together with reconciliation data (Mandatory for a Final FSCA)</p> 	
<p>Time schedule for the implementation of the different actions</p> <p>The FSN will be distributed as soon as possible to affected customers</p>	
<p>Attached please find</p> <p><input checked="" type="checkbox"/> Field Safety Notice (FSN) in English</p> <p><input type="checkbox"/> FSN in national language</p> <p><input type="checkbox"/> Others (please specify)</p>	<p>FSN Status</p> <p><input type="radio"/> Draft FSN</p> <p><input checked="" type="radio"/> Final FSN</p>

The medical device has been distributed to the following countries:

within the EEA and Switzerland

- | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AT | <input type="checkbox"/> BE | <input type="checkbox"/> BG | <input type="checkbox"/> CH | <input type="checkbox"/> CY | <input type="checkbox"/> CZ | <input type="checkbox"/> DE | <input type="checkbox"/> DK |
| <input type="checkbox"/> EE | <input type="checkbox"/> ES | <input type="checkbox"/> FI | <input type="checkbox"/> FR | <input type="checkbox"/> GB | <input type="checkbox"/> GR | <input type="checkbox"/> HU | <input type="checkbox"/> IE |
| <input type="checkbox"/> IS | <input type="checkbox"/> IT | <input type="checkbox"/> LI | <input type="checkbox"/> LT | <input type="checkbox"/> LU | <input type="checkbox"/> LV | <input type="checkbox"/> MT | <input type="checkbox"/> NL |
| <input type="checkbox"/> NO | <input type="checkbox"/> PL | <input type="checkbox"/> PT | <input type="checkbox"/> RO | <input type="checkbox"/> SE | <input type="checkbox"/> SI | <input type="checkbox"/> SK | <input type="checkbox"/> TR |

Candidate Countries

- HR

- All EEA, candidate countries and Switzerland

Others:

Please refer to the list of affected countries

8 Comments

Submission of this report does not, in itself, represent a conclusion by the manufacturer and/or authorised representative or the National Competent Authority that the content of this report is complete or accurate, that the medical device(s) listed failed in any manner and/or that the medical device(s) caused or contributed to the alleged death or deterioration in the state of the health of any person.

Signature

I affirm that the information given above is correct to the best of my knowledge

print

check

send XML-data by E-Mail