

Medicare Colgate Ltd  
**Unit 1/2 Post Cross Business Park, Cullompton, Devon, EX15 2BB**  
 Tel: 01884 266666



## URGENT FIELD SAFETY NOTICE

*(Field Safety Corrective Action)*

|                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| <b>FSCA reference number</b>                 | NC2026/62                                          |
| <b>Date of this notice</b>                   | 13/8/26                                            |
| <b>Product name</b>                          | Vaginal Speculum                                   |
| <b>Model(s) / catalogue number(s)</b>        | KJ-V01-XS, KJ-V01-S, KJ-V01-M, KJ-V01-ML, KJ-V01-L |
| <b>Affected batch / lot / serial numbers</b> | 241025 & 260405                                    |
| <b>UDI (if applicable)</b>                   | NA                                                 |
| <b>Type of action</b>                        | Recall                                             |

### 1. Description of the problem

While cleaning the unused equipment from the previous shift, the Healthcare Professional noted that the product had a foreign object in the sterile sealed package. Medicare Colgate have carried out a further investigation on products with these Lot numbers and we found further products with foreign objects.

### 2. Risk to health

A foreign object was identified within the sterile sealed packaging of the affected product. The root cause and route of contamination are currently under investigation.

If a product containing a foreign object were used on a patient, potential risks include:

- Introduction of a foreign body into the sterile field or patient tissue

### 3. Action to be taken by the recipient

- Identify all affected units against the lot numbers above;
- Please Quarantine Product and stop using , & please return goods
- Complete and return the acknowledgement form below within 7 days of receiving the notice;

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#### 4. Patient / user follow-up required

Not required

#### 5. Transmission of this notice

Please forward this notice to any organisation to which you have supplied this product, and to any relevant department within your own organisation. Please retain a copy of this notice with your quality records for the retention period set out in the acknowledgement form.

If you have further distributed this product, please confirm to us that you have cascaded this notice, using the acknowledgement form below.

#### 6. Regulatory notification

The Medicines and Healthcare products Regulatory Agency (MHRA) has been informed of this Field Safety Corrective Action.

#### 7. Contact for further information

**Name:** Sally Roberts

**Role:** Sales Manager

**Tel:** 01884 266666

**Email:** [sally@Sterifeed.com](mailto:sally@Sterifeed.com)

**Name:** Daniel Hall

**Role:** QA Manager

**Tel:** 01884 266666

**Email:** [daniel@sterifeed.com](mailto:daniel@sterifeed.com)

## FSN ACKNOWLEDGEMENT AND RESPONSE FORM

Please complete and return this form to the contact named in Section 7 by [date], even if you hold no affected stock.

|                                                                                       |                         |
|---------------------------------------------------------------------------------------|-------------------------|
| <b>FSCA reference number</b>                                                          | <i>[As shown above]</i> |
| <b>Your organisation name</b>                                                         |                         |
| <b>Your account / customer reference</b>                                              |                         |
| <b>Completed by (name and role)</b>                                                   |                         |
| <b>Date completed</b>                                                                 |                         |
| <b>Do you hold, or have you supplied, any affected product? (Y/N)</b>                 |                         |
| <b>If yes, quantity currently held</b>                                                |                         |
| <b>If yes, quantity already used/supplied to others before this notice</b>            |                         |
| <b>Have you completed the action required in Section 3? (Y/N, details)</b>            |                         |
| <b>Have you cascaded this notice to any organisation you supplied? (Y/N, to whom)</b> |                         |
| <b>Any adverse events or health effects to report in connection with this issue?</b>  |                         |
| <b>Signature</b>                                                                      |                         |

Please return this form to: [daniel@sterifeed.com](mailto:daniel@sterifeed.com)