Commercial name of the affected product:

- Wills-Oglesby Percutaneous Gastrostomy Set

Manufacturer: Cook Incorporated, P.O. Box 489, 750 Daniels Way, Bloomington, Indiana 47402, US
Cook Reference Number: 2017FA0016
Type of action: Field Safety Corrective Action

Date: 19 October 2017

Attention: Chief Executive / Risk Management / Purchasing

Details on affected devices:

<table>
<thead>
<tr>
<th>Product Brand Name</th>
<th>Reference Part Number</th>
<th>GPN</th>
<th>Lot Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wills-Oglesby Percutaneous Gastrostomy Set</td>
<td>WOGS-1200</td>
<td>G05274</td>
<td>7360624</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7428977</td>
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<td>7580747</td>
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<td>7852593</td>
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<td></td>
<td>7897499</td>
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<td>8032023</td>
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</table>

Description of the problem:

Cook Medical is initiating a voluntary recall of specific lots of the products listed above. Cook has identified that the affected lots may contain wire guides that were loaded backwards into the wire guide holder. This would lead to the stiff tip of the wire guide exiting the holder instead of the flexible tip.

Potential adverse events if the products are used may include a delay in procedure or damage ranging from minor injury to full perforation of the stomach wall.

This notice is directed to you because our records indicate that you have received product of the listed catalogue numbers identified that have not expired.

Advise on action to be taken by the user:

1. Immediately collect all remaining affected products as per the specified lot listing from your inventory.

2. Please complete the enclosed Customer Response Form. Where product is indicated as being returned, our Customer Services department will contact you to organize the return and issue you with the relevant Returns Authorization number. Please include contact details on the Customer Response form.
The Product to be returned should be addressed to:

Cook Medical EUDC
Robert-Koch-Straße, 2
52499 Baesweiler
GERMANY

Credit will be provided for the returned affected products where applicable.

3. Send the Customer Response Form via email to European.FieldAction@CookMedical.com or alternatively by fax to Cook Medical marked for the attention of European Customer Quality Assurance (fax number +353 61 334441). Do not enclose the response form with the returned product.

4. Please report any adverse event to Cook Medical Customer Relations by contacting our Customer Services Department.

Transmission of this Field Safety Notice:

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

Please transfer this notice to other organisations on which this action has an impact.

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

Contact reference person:

Thomas Kirk
Team Lead, Regulatory Reporting
Regulatory Affairs
William Cook Europe ApS
Sandet 6, DK-4632 Bjaeverskov, Denmark

Or

Annemarie Beglin
Quality Systems Manager
COOK Medical Europe
O’Halloran Road, National Technology Park, Limerick, IRELAND

Should you have any questions, please feel free to contact us for more information (e-mail: European.FieldAction@cookmedical.com, phone +353 61 334440).

We confirm that this notice has been notified to the appropriate Regulatory Agency.
# FIELD ACTION CUSTOMER RESPONSE FORM

**Field Action Reference no. : 2017FA0016**

## Affected device:

<table>
<thead>
<tr>
<th>Product Brand Name</th>
<th>Reference Part Number</th>
<th>GPN</th>
<th>Lot Number</th>
</tr>
</thead>
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<td>WOGS-1200</td>
<td>G05274</td>
<td>7360624, 7428977, 7580747, 7580749, 7852593, 7897499, 8032023</td>
</tr>
</tbody>
</table>

Please indicate the following:

- Customer Number: ____________________________
- Customer Name: ____________________________________________________________
- Street Address: ______________________________________________________________
- City, ZIP: __________________________________________________________________
- Completed by: __________________________________________________________________
- Department: __________________________________________________________________
- Phone Number: ________________________________________________________________
  (Please Print)

Please indicate which of the following applies to your facility:

- None of the affected product remains in our inventory
- We are returning our remaining inventory for credit, see details listed below

**Proforma Invoice Required for Return of Product(s):**

- Yes
- No

Form: F14-00B (R10, CR16-0422) © COPYRIGHT DOCUMENT
Pick-up / Collection details for return of products:

Contact Name for Pick-up: ______________________________________________________

Address details for Pick-up: __________________________________________________

Phone number / Email address for pick-up _______________________________________

Total number of boxes for pick-up ____________________________________________ (Please Print)

**If you are a distributor, have your customers been notified of this Field Safety Corrective Action?**

☐ Yes  ☐ No

If you are returning any affected product, please indicate the part number, lot number and quantity:

<table>
<thead>
<tr>
<th>Product Part Number</th>
<th>Product Lot Number</th>
<th>Quantity</th>
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Signed: ____________________________ Date: ______________________

Please return the completed Customer Response Form to by e-mail to European.FieldAction@cookmedical.com or by fax to + 353 61 334441.