VOLUNTARY PRODUCT RECALL
AND FIELD CORRECTION TO LASEREDGE 1.6mm X 1.8mm Trapezoid Angled, 
E7600 LOT MAVR240

December 21, 2016

Re: Notice of Dull Blades for LASEREDGE 1.6mm X 1.8mm Trapezoid Angled 6/Box
SKU#E7600 Lot MAVR240

Product Details: 1.6mm X 1.8mm Trapezoid Angled Knife with handle (SKU# E7600 -6 per box) 
manufactured by Angiotech (Surgical Specialties)

Product Name: LASEREDGE 1.6mm X 1.8mm Trapezoid Angled 6/Box SKU#E7600

Lot numbers of affected product shipped to you: MAVR240

Dear Valued Customer,

This is to inform you of a medical device voluntary product recall and field correction involving 
LASEREDGE 1.6mm X 1.8mm TRAPEZOID ANGLED 6/Box, SKU#E7600 Lot MAVR240. See below 
the enclosed product label for ease in identifying the product at retail level.

Valeant Pharmaceuticals International wants to ensure that our products provide customer 
satisfaction and ease of use. It has come to our attention that some boxes of LASEREDGE 
1.6mm X 1.8mm Trapezoid Angled Knives 6/Box, SKU#E7600 Lot MAVR240 have not been as sharp as previous lots of this product. Please review carefully the notes outlined in this letter regarding your LASEREDGE 1.6mm X 1.8mm Trapezoid Angled Knives 6/Box, SKU#E7600 Lot MAVR240.
This action represents a voluntary product recall and we have notified the appropriate authority of this voluntary recall.
Please take the following steps to ensure the recalled product is handled appropriately:

1. **Quarantine the product:** According to our records, your facility may have a supply of LASEREDGE 1.6mm X 1.8mm Trapezoid Angled Knives 6/Box, SKU#E7600 Lot MAVR240. Please quarantine any unused boxes (full and partial) of the above product that you have in your facility. All unused boxes of LASEREDGE 1.6mm X 1.8mm Trapezoid Angled Knives 6/Box, SKU#E7600 Lot MAVR240 shall be returned to Valeant/B+L distribution center at the address below for a disposal.
   Customers will be asked in the letter to return the product before column to VALC for the attention of the QA department
   
   Bausch+Lomb OPS B.V.
   Quality Department
   Koolhovenlaan 110
   1119 NH Schiphol-Rijk
   The Netherlands

2. **To obtain replacement product**

   To obtain replacement product free of charge please acknowledge receipt of this notification by completing and returning the attached Recall and Field Correction Acknowledgement Form, with the date of this letter’s receipt noted.
   When completing this form be certain to do the following:
   • Count the number of product packages in quarantine and note on the Form.
   • Indicate your choice for receiving replacement product
   • Fax the Form to XXXXXXXX

We sincerely apologize for any inconvenience and assure you that we are working diligently to resolve this issue in a timely manner. Please feel free to contact customer services with any questions or concerns: XXXXXX

PLEASE CUSTOMIZE FOR YOUR COUNTRY HERE AND ON FAX FORM.

Sincerely,

Signatures
Recall and Field Correction Acknowledgement Form

Product Details LASEREDGE 1.6mm X 1.8mm Trapezoid Angled Knives 6/Box, SKU#E7600 Lot MAVR240

This is to acknowledge receipt of the above referenced recall and field correction notification dated

Please confirm inventory levels of the affected cannulas with 4-digit lot numbers at your facility:

<table>
<thead>
<tr>
<th>Product</th>
<th>Lot #</th>
<th># Shipped</th>
<th># used</th>
<th># in inventory</th>
<th>Responsible person initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>E7600</td>
<td>MAVR240</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have inventory of affected E7600, Lot MAVR240 at your facility and would like to receive replacement product, please check the box below:

☐ I hereby certify that I have returned the existing inventory of E7600, Lot MAVR240 in our facility and ask that replacement product equal to the amount of quarantined product shown above, referencing PO# ________________, be shipped to our facility.

__________________________  ____________________________
Date                      Bausch + Lomb Account Number
__________________________  ____________________________
Name (Print)               Signature

__________________________  ____________________________
Facility Name              Telephone Number

Please complete, sign and return this Form to:

Fax: XXXXXX            Email: XXXXXX

Confidentiality Agreement: The information contained in this facsimile message is privileged and confidential information intended for the use of the addressee listed above. If you are neither the intended recipient nor the employee or agent responsible for delivering this message to the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of the information is strictly prohibited. If you have received this in error, please immediately notify us by telephone to arrange for the return of the original document to us.