

Olympus Quality Information Sheet 1

Product Name TJF-Q180V Qty: 1		Originator QIS No. C2011-SJ-000417	
Serial/Lot No. <input checked="" type="radio"/> Serial No <input type="radio"/> Lot No : 2001062		Sales-BC QIS No. n/a	
Concern Observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator.		Manufacturing-BC QIS No.	
Originator Information		Customer Information	
Originator: OAI	Name of Customer: Virginia Mason Medical Center	User Name: Patty Carroll	
Originating Date: (yr/mo/day) 2011/1/27	Address: 1100 9th Ave, Seattle, WA 98101 United States		Tel.#: 206-583-6440 Fax #: unk
Product / Repair Part Information			
<input checked="" type="radio"/> Purchased <input type="radio"/> Loaner <input type="radio"/> Other <input type="radio"/> Demo <input type="radio"/> Stock		CDS METHODS (Methods, Materials):	
Frequency of use: unk	Date Occurred: (yr/mo/day) 2011/1/19	Cleaning: unk	Disinfection: unk
Date of purchase: (yr/mo/day) 2010/11/18	Date of Initially Reported: (yr/mo/day) 2011/1/19	Sterilization: unk	
Occurrence Information			
<input type="radio"/> Receipt Inspection <input checked="" type="radio"/> Operation <input type="radio"/> Demonstration <input type="radio"/> Reprocessing <input type="radio"/> Repair <input type="radio"/> Commissioning <input type="radio"/> Preparation for use <input type="radio"/> Other		Has concern occurred before? <input type="radio"/> Yes <input checked="" type="radio"/> No How many times? n/a Previous QIS No.? n/a	
Description of Concern: <u>Describe handling method and concern (Please supply sample picture if possible)</u> <input type="checkbox"/> Attachments			
Customer Problem Report states, "Patty reported to me that they are observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator, back where the old scopes used to have the elevator wire channel. Virginia Mason does ERCP volumes among the highest in the country, which makes them an expert on such observations. They would like to know if there are other facilities complaining of excess debris that is difficult to remove under the elevator, now that they cannot flush the elevator wire channel because it is sealed. This is being experienced on all four TJF-Q180V scopes purchased. Please investigate this potential phenomenon and report back. Thank you."			
<input type="checkbox"/> Exchange <input type="checkbox"/> Free of Charge <input type="checkbox"/> Repaired <input type="checkbox"/> Awaiting QIS Response <input type="checkbox"/> Charge <input checked="" type="checkbox"/> No Action		Combined Products: n/a Location of Item: <input type="radio"/> Attached <input type="radio"/> Not Return <input checked="" type="radio"/> Dispatch by separate cover	Answer Required: <input type="radio"/> Yes <input checked="" type="radio"/> No
Date: (yr/mo/day) 2011/1/27	Print Name: Candis Maninang Signature: <i>[Signature]</i>		
Investigation Summary/Result and Decision/ Request to Manufacturing - BC: <input type="checkbox"/> Attachments			
The device referenced was not returned to Olympus for evaluation. The exact cause of the users experience could not be conclusively determined.			
<input checked="" type="radio"/> Complaint <input type="radio"/> Inquiry <input type="radio"/> Other	Response by Manufacturing BC is required? <input type="radio"/> Yes <input checked="" type="radio"/> No If GIR is issued response is GIR form	GIR? <input type="radio"/> Yes <input checked="" type="radio"/> No GIR No:	Location of Item: <input type="radio"/> Attached <input checked="" type="radio"/> Not Return <input type="radio"/> Dispatch by separate cover
Date Investigated: (yr/mo/day) 2011/2/11	Print Name: Mia Zhang	Signature: <i>[Signature]</i>	
OAI/OE Entry Only			
No	Phenomenon(s)	Part(s)	Cause(s)
1	Others [N1]	Unknown [Z01]	Others [620]



CUSTOMER PROBLEM REPORT

Section 1 – General Information (Required Information)			SO No.:
Date Reported: 1/19/11	Quantity: 1	RMA No.:	
Device Model: TJF-Q180V	Serial/Lot No.: 2001062	Metrix No.:	
Hospital Name: Virginia Mason Medical Center	Dept: Endoscopy		
Hospital Address: (Street, City, State, & Zip) 1100 9 th Ave., Seattle, WA 98101			
Repair Approver Contact: (First & Last Name) Patty Carroll		Title: Endoscopy Nurse Manager	
Phone No.: (206) 583-6440	Fax No.:	E-mail: patricia.carroll@vmmc.org	
Report Taken By (OAI): (First & Last Name) Mike Johnson		Title: MP Representative	

Section 2 – Event Information (Required Information) <i>Note: N/A means Not Applicable to the event</i>				
Hospital Contact: (First & Last Name) Patty Carroll		Title: Infection Control Supervisor		
Phone No.: (206) 583-6440	Fax No.:	E-mail: patricia.carroll@vmmc.org		
Did the device fail during a procedure/operation? Date(s) of Event: 1/19/11		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Type of procedure being performed: ERCP		<input type="checkbox"/> N/A		
Was it a diagnostic or therapeutic procedure?		<input type="checkbox"/> Diagnostic	<input checked="" type="checkbox"/> Therapeutic	
Any image loss? If yes, check all applicable boxes below. <input type="checkbox"/> Total loss <input type="checkbox"/> Intermittent loss <input type="checkbox"/> Still visible		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Any patient/customer injury? Please give description below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was the procedure completed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was the same device used to complete the procedure? If no, please list the Device Model No. & Serial No. used:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Was any other equipment replaced during the procedure? If yes, please list the Device Model No(s) & Serial No(s) used:		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Will the device be returned to Olympus for evaluation? If yes, provide: Ship Date: Tracking No.:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
If no, explain: No repair/evaluation needed				
Event Description: Please be as detailed as possible (including reprocessing method). Patty reported to me that they are observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator, back where the old scopes used to have the elevator wire channel. Virginia Mason does ERCP volumes among the highest in the country, which makes them an expert on such observations. They would like to know if there are other facilities complaining of excess debris that is difficult to remove under the elevator, now that they cannot flush the elevator wire channel because it is sealed. This is being experienced on all four TJF-Q180V scopes purchased. Please investigate this potential phenomenon and report back. Thank you.				
Investigation Results: Please include all findings.		<input type="checkbox"/> Repaired	<input type="checkbox"/> Replaced	

11F372 / V05
CN: 0904034
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OLY-BIGLER 0003720



Complaints
Sent by: Ana
Tan/West/Corp/OAI

01/27/2011 03:07 PM

To Candis Maninang/Consultant/West/Corp/OAI@OAI

cc Grace Tan/West/Medical/OAI@OAI,
Ana.Tan@olympus.com

bcc

Subject Fw: QA Problem Report

Hi Candis,

Please document as a P.MDR. Thank you.

-Ana

--- Forwarded by Ana Tan/West/Corp/OAI on 01/27/2011 03:08 PM ---

Patrick
Garvey/West/Medical/OAI

01/27/2011 01:58 PM

To complaints@olympus.com

cc

Subject Fw: QA Problem Report

Team,

Please enter this complaint in the system. Please note that there is a requirement in the manual that the elevator raiser must be angled to a 45 degree angle during reprocessing.

PG

--- Forwarded by Patrick Garvey/West/Medical/OAI on 01/27/2011 01:57 PM ---

Mike Johnson/West/Medical/OAI

01/27/2011 12:49 PM

To Patrick Garvey/West/Medical/OAI@OAI

cc

Subject QA Problem Report

Patrick,

Please see problem report:

Please feel free to call me for further details if needed. Thank you!

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OLY-BIGLER 0003721

MJ

Mike Johnson
Olympus America, Inc.
(800) 645-8100, ext. 106416 Voice Mail
(206) 579-5539 Mobile



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OLY-BIGLER 0003724

**SJC Product Complaints
Call Report**

entered: Patrick Garvey on 01/31/2011 at 10:54 PM
modified: Patrick Garvey on 01/31/2011 at 10:57 PM

Parent Document:

Calling Information		Call Log	
Author:	Patrick Garvey	Complaint No.:	C2011-SJ-000417
Contact Name:	Patty Carroll	Call Date:	01/31/2011
Contact:	Virginia Mason Medical Center	<input type="radio"/> Face to Face <input checked="" type="radio"/> Phone	
Company:	18810 165th Place NE Woodinville, WA 98072 United States		
Phone:	206-583-6440		
Fax:	425-488-0897		
Call Discussion Notes			
<p>1/31/11 1533: Called and spoke with Ms. Patty Carroll. She said that they were still intermittently finding occurrences of patient or stent debris underneath the elevator on their TJF-180V. She said that they were using an introducer with a syringe to clean the area, and were paying extra attention to cleaning this area during reprocessing. She described the steps they performed during manual reprocessing, followed by processing in an AER. She said that they carefully cleaned the channels. She said that on a few occasions they had noted debris in the suction container prior to performing a procedure. She said that they have instructed their technicians to test the scopes prior to the procedures, and instructed them not to use the scope if there is any evidence of debris. She said that there had been no reports of any infections associated with this matter, nor cross contamination.</p> <p>Ms. Carroll stated that they were now keeping a log as part of their QA practices, so that they could identify if there was an issue and whom had reprocessed the device. She confirmed that they had received training on the reprocessing of the device when they first received it, and said that both Alicia Krist and Mike Johnson had followed on with them.</p> <p>Thanked Ms. Carroll for her information. She requested that RA send her an e-mail so that she could contact RA if she needed to follow up.</p> <p>Will send e-mail address to customer. The call ended.</p>			
Is Follow Required?: <input checked="" type="radio"/> Yes - Followup is required <input type="radio"/> No			
Followup Information		Action	
Action For:	Patrick Garvey	Status:	Closed
Due Date:	01/31/2011	<input type="checkbox"/> Call Back <input type="checkbox"/> Schedule Meeting <input type="checkbox"/> Conduct Meeting <input type="checkbox"/> Schedule Presentation <input type="checkbox"/> Conduct Presentation <input type="checkbox"/> Write Letter <input type="checkbox"/> Fax Information <input type="checkbox"/> Write Proposal <input type="checkbox"/> Research for Info	
Complete Date:	01/31/2011	Other:	
Action Detail			
Subject:	Sent e-mail to customer.		

Previous Call Reports

Complaint: C2011-SJ-000417 [01/31/2011] 1/31/11 1533: Called and spoke with Ms. Patty Carroll. She said that they were still intermittently finding occurrences of patient or stent debris underneath the elevator on their TJF-180V. She said that they were using an introducer with a syringe to clean the area, and were paying extra attention to cleaning this area during reprocessing. She described the steps they performed during manual reprocessing, followed by processing in an AER. She said that they carefully cleaned the channels. She said that on a few occasions they had noted debris in the suction container prior to performing a procedure. She said that they have instructed their technicians to test the scopes prior to the procedures, and instructed them not to use the scope if there is any evidence of debris. She said that there had been no reports of any infections associated with this matter, nor cross contamination.

Ms. Carroll stated that they were now keeping a log as part of their QA practices, so that they could identify if there was an issue and whom had reprocessed the device. She confirmed that they had received training on the reprocessing of the device when they first received it, and said that both Alicia Krist and Mike Johnson had followed on with them.

Thanked Ms. Carroll for her information. She requested that RA send her an e-mail so that she could contact RA if she needed to follow up.

Will send e-mail address to customer. The call ended.

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OLY-BIGLER 0003723

OLYMPUS

MEMORANDUM

Date: February 8, 2011
To: Complaint File
From: Mia Zhang *MZ*
Subject: C2011-SJ-000417

This memo is to note that upon evaluation, the user's report of "observing patient debris and/or plastic stent materials under the elevator" does not meet the requirements of a reportable adverse event. This matter was noted prior to procedure. There were no reports of infections or cross contamination associated with this incidence, and there was no allegation of device malfunction. The user facility had a good reprocessing process in place and had implemented some practices to improve its current process. Additionally, an Olympus Endoscope Support Specialist is following up with the facility to monitor this incidence. Therefore, this event will be downgraded to a product complaint.

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OLY-BIGLER 0003725

P58201A

Instrument History

2/09/11

Item#..:	TIF-Q180V	Serial#:	2001062
Legacy Item#:	VIDEO DUODENOSCOPE W/NBI,	Reference.....:	
Factory#.....:		Contract#.....:	00015027
Old Ser/Item.:	/ N2551240	Contract Balance:	86,781.69-
3rd Prty Auth:		Cap Amount.....:	806,747.17
P.O. Number..:		Cap Val Exceeded:	
	<u>Legacy</u> <u>BPCS</u> <u>JDE</u>	Cntr Type/Rte Cd:	BBB / OCR
Bill-to.....:	000000 100000 00062002	Pre-Approval Amt:	0
Ship-to.....:	0000000 0020 00102905	Equipment Type..:	Sale
<u>Bill-To Info.:</u>		Olympus Asset...:	N Regular Sale
VIRGINIA MASON MEDICAL CENTER (OED BT)		Pend Status.....:	
ACCOUNTS PAYABLE- TERRY GARLAND		Bill To/2nd Addr:	00062002
P. O. BOX 900		Due Back Date...:	
SEATTLE	WA 98111	Orig. Sale Date.:	11/18/2010
<u>Ship-To Info.:</u>		Last Ship Date..:	11/18/2010
VIRGINIA MASON MEDICAL CENTER	45S	First Rep. Date.:	
1201 TERRY AVENUE		Last Rep. Date..:	
		Inactive Date...:	
SEATTLE	WA 98101	Replacement Date:	
Remark1.....:			
Remark2.....:			

F3=Exit F6=Contract Type F8=Print F9=Second Page F10=ShipTo Inq. F22=Clear

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OLY-BIGLER 0003726



Candis
Maninang/Consultant/West/Corp/OAI

01/27/2011 04:57 PM

To Mike Johnson/West/Medical/OAI@OAI

cc complaints@olympus.com

bcc

Subject Re: QA Problem Report - P.MDR(C2011-SJ-000417)

Dear Mike Johnson,

Thank you for taking the time to report this matter to Regulatory Affairs. We appreciate you bringing this matter to our attention. We have opened complaint number (C2011-SJ-000417) to document this report, and will carefully investigate this matter.

If you have any concerns or questions regarding this report, please contact us at 1-800-258-5187, and ask for Regulatory Affairs.

Sincerely,
Patrick Garvey, RRT
Director, Regulatory Affairs & Quality Assurance
Olympus America, Inc.
National Service Center
2400 Ringwood Avenue
San Jose, California 95131
Tel 1-408-935-5086
Toll-Free 1-800-258-5187, ext. 5086
Fax (408) 935-5010
patrick.garvey@Olympus.com

Complaints

----- Forwarded by Ana Tan/West/Corp/OAI on 01/27/2011 03:08 PM -----

Patrick
Garvey/West/Medical/OAI
01/27/2011 01:58 PM

To complaints@olympus.com

cc

Subject Fw: QA Problem Report

Team,

Please enter this complaint in the system. Please note that there is a requirement in the manual that the elevator raiser must be angled to a 45 degree angle during reprocessing.

PG

----- Forwarded by Patrick Garvey/West/Medical/OAI on 01/27/2011 01:57 PM -----
Mike Johnson/West/Medical/OAI

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OLY-BIGLER 0003727

01/27/2011 12:49 PM

To Patrick Garvey/West/Medical/OAI@OAI
cc
Subject QA Problem Report

Patrick,

Please see problem report:

Please feel free to call me for further details if needed. Thank you!

MJ

Mike Johnson
Olympus America, Inc.
(800) 645-8100, ext. 106416 Voice Mail
(206) 579-5539 Mobile



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Candis
Maninang/Consultant/West/Corp/OAI
01/27/2011 04:59 PM

To Mia Zhang/West/Corp/OAI@OAI
cc Patrick Garvey/West/Medical/OAI@OAI, Connie
Tubera/West/Medical/OAI@OAI, Ana
Tan/West/Corp/OAI@OAI
bcc
Subject Fw: QA Problem Report- P.MDR(C2011-SJ-000417)

Hi Mia,
Please review the P.MDR(C2011-SJ-000417), "OBSERVING EXTREMELY DIFFICULT MATERIALS
(PATIENT DEBRIS AND/OR PLASTIC STENT MATERIALS) DURING PROCEDURE."
Thanks,

Candis Maninang
Regulatory Affairs & Quality Assurance
Olympus America Inc.
National Repair Service Center
2400 Ringwood Avenue
San Jose, CA 95131
Tel# 408.935.5041
Fax# 408.935.5081
candis.maninang@olympus.com

----- Forwarded by Candis Maninang/Consultant/West/Corp/OAI on 01/27/2011 04:57 PM -----



Complaints
Sent by: Ana
Tan/West/Corp/OAI
01/27/2011 03:07 PM

To Candis Maninang/Consultant/West/Corp/OAI@OAI
cc Grace Tan/West/Medical/OAI@OAI, Ana.Tan@olympus.com
Subject Fw: QA Problem Report

Hi Candis,
Please document as a P.MDR. Thank you.
-Ana

----- Forwarded by Ana Tan/West/Corp/OAI on 01/27/2011 03:08 PM -----

Patrick
Garvey/West/Medical/OAI
01/27/2011 01:58 PM

To complaints@olympus.com
cc
Subject Fw: QA Problem Report

Team,

Please enter this complaint in the system. Please note that there is a requirement in the manual that the

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elevator raiser must be angled to a 45 degree angle during reprocessing.

PG

----- Forwarded by Patrick Garvey/West/Medical/OAI on 01/27/2011 01:57 PM -----
Mike Johnson/West/Medical/OAI

To Patrick Garvey/West/Medical/OAI@OAI
cc
Subject QA Problem Report

01/27/2011 12:49 PM

Patrick,

Please see problem report:

Please feel free to call me for further details if needed. Thank you!

MJ

Mike Johnson
Olympus America, Inc.
(800) 645-8100, ext. 106416 Voice Mail
(206) 579-5539 Mobile



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OLY-BIGLER 0003730

OLYMPUS

January 27, 2011

Patty Carroll, Infection Control Supervisor
OR Department
Virginia Mason Medical Center
1100 9th Ave
Seattle, WA 98101

Dear Ms. Carroll:

Reference: Record Number: C2011-SJ-000417
Dated: 01/19/2011
Product/Model: TJF-Q180V Serial Number: 2001062
Reported Concern: Observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator.

Thank you for contacting Olympus Regulatory Department about your product referenced above, which was the subject of your complaint. This letter is in response to your contact. An investigation will commence to identify the phenomenon you are experiencing. If additional information is needed for this investigation, you will be contacted.

Thank you for trusting Olympus with your endoscope needs. If you need further assistance with this issue, please call Olympus Regulatory Department on our toll-free number, 1(800) 538-2239. This number is available for messages, 24 hours per day, 7 days per week.

For service, repairs and returns related issues, please call our National Service Center Customer Service toll-free line at 1 (800) 537-5739. A representative will be more than happy to assist you with any additional inquiries you may have.

Sincerely,



Candis Maninang
Administrator, Regulatory Affairs

OLYMPUS AMERICA INC.

2400 Ringwood Avenue, San Jose, CA 95131-1700
TELEPHONE (408) 935-5000

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OLY-BIGLER 0003731

OLYMPUS

February 16, 2011

Patty Carroll, Infection Control Supervisor
Infection Control Department
Virginia Mason Medical Center
1100 9th Ave
Seattle, WA 98101

Dear Ms. Carroll:

Reference: Record Number: C2011-SJ-000417

Dated: 01/19/2011

Product/Model: TJF-Q180V Serial Number: 2001062

Reported Concern: Observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator.

Thank you for contacting Olympus Regulatory Department about your product referenced above. It has come to our attention that we have not, to this date received your product for evaluation at our facility. To better serve you, we request that you send the product to us, so we can investigate the phenomenon you are experiencing.

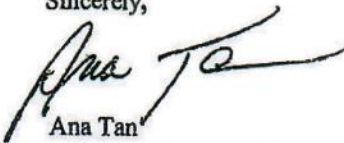
Please send unit/product for evaluation/repair to:

Olympus America, Incorporated
Attention: Regulatory Affairs
2400 Ringwood Avenue
San Jose, CA 95131-1700

Please be advised that an RMA (Return Material Authorization) Number must accompany product. The number may be obtained by requesting it through your Sales Representative or by calling our Call Customer Center in New York at 1.800.848.9024. In the event that the product is not returned, we will deem this complaint closed.

Thank you for trusting Olympus with your endoscope needs. If you need further assistance with this issue, please call Olympus Regulatory Department on our toll-free number at 1.800.537.5739.

Sincerely,



Ana Tan
Administrator, Regulatory Affairs

OLYMPUS AMERICA INC.

2400 Ringwood Avenue, San Jose, CA 95131-1700
TELEPHONE (408) 935-5000

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OLY-BIGLER 0003732



COMPLAINT DECISION TREE

Model: TJF-Q180V	Complaint Number: C2011-SJ-000417
Serial Number/Lot Number: 2001062	RMA Number: n/a
Service Order Number: n/a	Invoice Number: n/a

1. Is the request for service, evaluation, or credit associated with any written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness, or performance of an Olympus medical device after it has been released for distribution? Examples of complaints include, but are not limited to:

- An allegation that an Olympus-branded or Olympus-distributed medical device failed during procedure.
- A user or patient claim to be injured while using an Olympus-branded or Olympus-distributed medical device.
- Requests for servicing or repair involving an asserted or suspected deficiency of the Olympus-branded or Olympus-distributed medical device, or failure to meet specifications.
- An allegation of inadequacy in device labeling.

A. Yes¹. Process as per 102P.01 No. Go to 2.

2. Has there been a request to return an Olympus or Olympus-distributed product for evaluation, service or credit?

A. Yes: Go to 3 B. No: Stop. Process does not apply.

3. Is there a written, electronic, or oral communication that alleges deficiencies related to the identity, quality, durability, reliability, safety, effectiveness, or performance of a device that is manufactured or distributed by Olympus America?

A. Yes. Process as per 102P.01 No. Stop. Process does not apply.

Initial Assessment:
Print Name: **Candis Maninang**

Signature & Date:
Maninang 1/27/11

Post Investigation Assessment:
Print Name: **Iradj Zejrali**

Signature & Date:
Iradj Zejrali 2/17/11

¹ Note: If any report references failure during use, or any sort of adverse or potentially adverse event has occurred, the report must be communicated to RA, even if there has been misuse or abuse of the device.

² Keywords or phrases that indicate a complaint investigation is required include: procedure, operation, during a case, cecum, stomach, esophagus, mucus membrane, colon, vocal chords, lung, ERCP, EMR, TURP, bile duct, pancreas, larynx, trachea, oropharynx, nasopharynx or other anatomical structures. Keywords or phrases that indicate a complaint involving cross contamination (and mandatory RA investigation) include pancreatitis, pseudomonas, staphylococcus, bacilli, HIV, hepatitis, MRSA or other infectious agents or processes.

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MDR DECISION TREE

Model: <u>TJF-Q180V</u>	Complaint Number: <u>C2011-SJ-000417</u>
Serial No./Lot No.: <u>2001062</u>	RMA Number: <u>n/a</u>
Service Order Number: <u>n/a</u>	Invoice Number: <u>n/a</u>
<p>1. Is there a complaint linked to an Olympus medical device, where it is alleged that the device may have caused or contributed to a</p> <ol style="list-style-type: none"> 1. Death, or 2. Serious injury (e.g. perforation, chemical injury), or 3. A malfunction, which if it were to recur, may cause death or serious injury, or 4. Cross contamination of a patient or patients? ¹ 	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. <input type="checkbox"/> C. Unknown: Reassess following device evaluation. Proceed to question 2.	<input checked="" type="checkbox"/> B. No: Proceed to question 2.
<p>2. Was it alleged that there was a loss of device function, which was reported to result in the unexpected termination of a procedure or significantly complicated the patient's course of treatment by:</p> <ul style="list-style-type: none"> • Necessitating the completion of the procedure with another device, or • Necessitating in prolonged hospitalization, or • Necessitating a significantly prolonged procedure, or • Necessitating in additional procedure(s) to retrieve a foreign object that may not be safely passed through a natural orifice? 	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. Proceed to question 3.	<input checked="" type="checkbox"/> B. No: Proceed to question 3.
<p>3. Did the report involve an alleged complete loss of image during a therapeutic procedure? ²</p>	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. Proceed to question 4.	<input checked="" type="checkbox"/> B. No: Proceed to question 4.
<p>4. Did the report involve an alleged complete loss of image during a diagnostic procedure that resulted in the procedure being completed with another device, resulted in prolonged hospitalization or a significantly prolonged procedure or involved an additional procedure(s) to retrieve a foreign object that may not be safely passed through a natural orifice? ³</p>	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. Proceed to question 5.	<input checked="" type="checkbox"/> B. No: Proceed to question 5.
<p>5. Did the report involve a likely cross contamination of a patient or user?</p>	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. Proceed to question 6.	<input checked="" type="checkbox"/> B. No: Proceed to question 6.
<p>6. Did the report involve an unexpected emission of smoke or electrical arcing in a clinical setting, or result in persons initiating fire emergency procedures?</p>	
<input type="checkbox"/> A. Yes: Follow process as per 102P.01. Proceed to question 7.	<input checked="" type="checkbox"/> B. No: Proceed to question 7.
<p>7. If the event is determined to possibly be MDR reportable by means of this decision tree, is the reported event exempted from MDR reporting per an Alternate Summary Reporting (ASR) Agreement, or other agreement with FDA following a Field Corrective Action (FCA)?</p>	
<input type="checkbox"/> A. Yes: Do not follow process as per 102P.01. Follow terms of ASR/FCA agreement. Document complaint in appropriate files.	<input type="checkbox"/> B. No: File as a MDR as per 102P.01.
<input checked="" type="checkbox"/> C. Not applicable. Does not meet MDR reporting requirements.	
Initial Assessment: Print Name: <u>Carla Maninang</u>	Signature & Date: <u>Maninang 1/27/11</u>
Post Investigation Assessment: Print Name: <u>Ivadj Zejrali</u>	Signature & Date: <u>[Signature] 2/17/11</u>

on 2/16/11

¹ Note: If death, injury, malfunction or cross contamination is associated with a report of user error, the answer to question #1 must still be "Yes."

² Note: The term therapeutic may include procedures that began as purely diagnostic.

³ Note: Total loss of image during a diagnostic procedure, in the absence of other criteria which require filing as an MDR, are not reportable.

Product Complaint: 1JF-Q180V - 1B-1 Lotus Notes

File Edit View Create Actions Text Help

Address

Welcome Inad Zeinab - Inbox X SJC Product Complaints - 1... X Product Complaint: 1JF-Q180V... X

Control Compose Route Complaint Deactivate Doc

SJC Product Complaints Quality Information Sheet

entered: Candis Marinang on 01/27/2011 at 04:35 PM
modified: Mia Zhang on 02/11/2011 at 02:11 PM

= required field

Complaint Number: C2011-SJ-000417

Open Complaint	Awaiting Product	RA Lab Investigation	RA Administrator	OEM Lab Investigation	RA Administrator	RA Manager	Closed Complaint
1	2	3	4	5	6	7	8

Opening | Originator | RA Lab | QIS-2 | QIS-3 | MDR | Closure | Call Log | Summary | Change History | Audit Trail

Closure:

Olympus Mgmt Review Person	Date	Notes
Mad Zeinab/West/Medical/DA	02/17/2011	Device has not been returned to Olympus. Therefore, the exact cause of their reported experience could not be determined. This complaint is only for documentation purposes and no further action is required. Closing complaint.

Attachments:

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Quality Information Sheet Packing Slip

Product Name (Item No.)	TJF-Q180V TJF-Q180V	Originator QIS No.	C2011-SJ-000417
serial/Lot No.	2001062	Sales-BC QIS No.	n/a
Concern	Observing extremely difficult materials (patient debris and/or plastic stent materials) under the elevator.	Manufacturing-BC QIS No.	

FEB 17 2011 *DM*

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