

# URGENT: FIELD SAFETY NOTICE

## ChemoLock™ Transfer Set

22<sup>nd</sup> May 2026

Dear Valued Customers:

ICU Medical is issuing this letter to notify you of a potential issue affecting one (1) lot of ChemoLock™ Transfer Sets. This notification details the issue and the affected products in Table 1.

### Overview of the Issue:

ICU Medical has identified a lot-specific issue where the ChemoLock™ Transfer Set has the potential to leak between the ChemoLock™ Bag Spike and the tubing as identified in Figure 1.

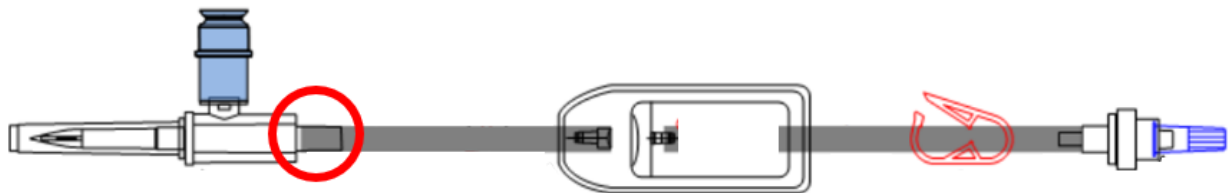


Figure 1. Transfer Set with red circle indicating where the leak may occur

### Potential Risk:

A leak between the ChemoLock™ Bag Spike and tubing can potentially result in a delay in therapy if noticed and corrected during setup. If the leak occurs during therapy, this may result in an interruption in therapy with the potential for the patient to receive less infusion solution than intended. Exposure of hazardous substances to the patient, caregiver, or pharmacy technician is possible.

To date, ICU Medical has received 9 complaints with zero (0) reports of patient harm, serious injury, or death.

### Affected Products:

The affected items and lot numbers are provided in Table 1, below:

Table 1: Affected Product

Item / SKU Number	Product Description	Lot Number(s)
011-CL3955	46 cm (18") Appx 5.7 ml, PUR Transfer Set w/ChemoLock® Additive Port, 0.2 Micron Filter, Check Valve w/Luer Lock, Filter Cap	13542707

UDI: 840619092672

**Customer Required Actions**

1. Check all inventory locations within your institution for the affected products listed in Table 1 and discontinue use.
2. Quarantine the affected product and destroy or discard it immediately following your institution's process for destruction or discarding.
3. Complete and return the attached Customer Response Form to [EMEA-FSN@icumed.com](mailto:EMEA-FSN@icumed.com) within 10 days of receipt to acknowledge your understanding of this notification.
4. **DISTRIBUTORS:** If you have distributed potentially affected products to your customers, please immediately forward this notice to them and request that they complete the response form and return it to **YOU**. Then the **DISTRIBUTOR** must complete a SINGLE form with the required details and return to [EMEA-FSN@icumed.com](mailto:EMEA-FSN@icumed.com)

**Follow up actions by ICU Medical:**

ICU Medical will provide full credit to affected customers upon receipt of a complete Customer Response Form to certify product destruction. Full credit shall be provided if the form is received within 120 days of receipt of this notification. For further inquiries, please contact ICU Medical using the following information:

ICU Medical Contact	Contact Information	Areas of Support
Global Complaint Management	<a href="mailto:globalcomplaints@icumed.com">globalcomplaints@icumed.com</a>	To report adverse events or product complaints
Customer Service	<a href="#">Regional Support   ICU Medical</a>	Questions about product replacement and/or credit.

Your country regulatory agency has been notified of this action

ICU Medical is committed to patient safety and is focused on providing exceptional product reliability and the highest level of customer satisfaction. Thank you for your prompt support on this important matter. We appreciate your cooperation.

Sincerely,

Corine Broekhuizen  
Director of Quality, ICU Medical BV

**See below:**

Customer Response Form

# URGENT: FIELD SAFETY NOTICE – RESPONSE FORM

## ChemoLock™ Transfer Set

22<sup>nd</sup> May 2026

**Check your inventory and complete the information below, even if you do not have the affected product.** *Failure to complete all sections of this page may result in improper, delayed or denied credit.*

Please return the completed form to [EMEA-FSN@icumed.com](mailto:EMEA-FSN@icumed.com). If you have questions about this form please contact [EMEA-FSN@icumed.com](mailto:EMEA-FSN@icumed.com) or your local sales representative.

Customer Number (Refer to the original email subject line for your CNXXXXXX /customer number)	
Name of Hospital / Facility	
Hospital / Facility Address	
Telephone Number	
Name and Title of Person Completing this Form	
Signature of Person Completing this Form	
Date	
If Purchased through a distributor, please list distributor name/location here for traceability purposes	

**Please select one:**

- I have **NO** affected products (complete and return this form to the e-mail address above)
- YES**, I have affected products, I have notified users in my facility and I have followed the instructions provided to me and destroyed all affected items (see table below)

If you have affected product on hand, please complete table 1 below:

**TABLE 1**

Item / SKU Number	Lot Number	Quantity in inventory (Eaches)	Quantity Destroyed (Eaches)	Date of Destruction

If you have distributed the product further, please complete table 2 below with collated information received from your customers and respond to ICU Medical with the overall information.

**TABLE 2**

Item / SKU Number	Lot Number	Quantity destroyed locally (Eaches)	Date of Destruction

**Adverse events and complaints associated with the use of this product should be reported and emailed to ICU Medical's Global Complaint Management Department at [globalcomplaints@icumed.com](mailto:globalcomplaints@icumed.com).**