

# Urgent Field Safety Notice

## SBN-RDS-Corelab-2025-006

RDS/ Corelab

Version 1

### cobas c 703 Reaction Cell Wash Units Premature Tubing failure

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**Product Name** cobas c 703 Analytical Unit

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**BASIC UDI-DI/GMMI / Part No** 09502971001

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**Device Identifier (UDI)** 07613336200544

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**Production Identifier (Lot No./Serial No.)** All Serial numbers from 2401-01 onward

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**SW Version** Not applicable

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**Type of Action** Field Safety Corrective Action (FSCA)

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Dear Valued Customer,

### Description of Situation

We have received complaints that identified an issue in which there has been premature deterioration to the tubing of the Reaction Cell Wash units for the cobas c 703 Analytical Unit. An investigation into the washing operations of the Reaction Cells Wash Unit tubing (also known as Rinse Joint 1-3) revealed the occurrence of pinholes during regular usage of the analytical unit. The pinholes are limited to the tubings exposed to Basic wash (2C which is used for Basic Wash aspiration, and 3A, which is used for Basic Wash dispensing).

In the event of damaged tubing, Basic Wash may drip into other Reaction Cells, potentially causing incorrect test results.

The medical risk attributable to incorrect test results depends significantly on the constellation of diagnostic and clinical parameters such as the degree of analytical variation of affected results, detectability by technical indices, detectability due to clinical implausibility, additional diagnostic testing results and congruence of the overall clinical picture. Together, in specific clinical scenarios, it is possible that clinical care could be influenced by incorrect test results, potentially causing adverse health consequences for patients, and therefore a medical risk cannot be excluded.

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No harm to patients or adverse events has been reported regarding this issue.

## Actions taken by Roche Diagnostics

To prevent occurrences of premature deterioration to the Reaction Cells Wash tubing Roche Diagnostics' Service Team will schedule additional service visits to replace tubing that is older than 6 months.

A Corrective and Preventive Action (CAPA) investigation has been initiated, and the root cause investigation continues. Once the root cause analysis is complete, appropriate corrective and preventive measures will be defined and communicated, as needed.

## Actions to be taken by the customer/user

- Customers can continue to use the affected device, but should perform a visual check of the rinse tubing immediately.
- In addition, please perform a visual check of the Reaction Cells Wash tubing when executing the monthly operator maintenance action "Replace Reaction Cells". **Please refer to the following attachment to FSN version1.**
- In case you identify any damage on the tubing, please report the damage to your local Roche Service Representative
- No general recommendations with respect to the review of previous results can be given by using the cobas c703 analytical unit. Customers should follow their standard laboratory operating procedures. Any specific questions raised by the users should be addressed individually, considering all relevant clinical information.

## Communication of this Field Safety Notice (if appropriate)

*If the recipient needs to forward the FSN to additional organizations/individuals then one or more of the following statements may be included:*

This notice must be passed on to all those who need to be aware within your organization or to any organization/individual where the potentially affected devices have been distributed/supplied. (If appropriate).

Please transfer this notice to other organizations/individuals on which this action has an impact. (If appropriate).

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Please maintain awareness of this notice and resulting action for an appropriate period to ensure the effectiveness of the corrective action. (If appropriate).>

**The following statement is mandatory in FSNs for EEA countries but is not required for the rest of the World:**

***Include if applicable:*** The undersigned confirms that this notice has been notified to the appropriate Regulatory Agency.

We apologize for any inconvenience this may cause and hope for your understanding and your support.

<closing salutations>,

## Contact Details

***To be completed locally:***

Name

Title

Company Name

Address

Tel. +xx-xxx-xxxx xxxx

Email name@roche.com

**Roche Diagnostics GmbH - SRN: DE-MF-000006260 (legal manufacturer)**