

Arthrex SwiveLock SP Suture Anchor

TGA Recall reference No. **RC-2017-RN-00463-1**

2 week report

1. Has the recall action been initiated? Confirm that the agreed action has begun. e.g. the approved letter has been dispatched to all the customers previously provided to the TGA.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. Please explain
2. Has a signed copy of the customer letter been provided to TGA Recalls?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. Please provide a signed copy of the letter
3. Is the recall action progressing without major impediments? e.g. The recall/corrective action is progressing as per the agreed timelines	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO. Please explain
4. Have the initial investigation findings changed the scope of the recall/correction e.g. Additional units or products have not been identified with the same defect	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES. Please advise
5. For any product exported from Australia , has the overseas supplier(s) been informed of the recall/correction action being undertaken in Australia. Please list countries product has been exported to.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No exports	<input type="checkbox"/> NO. Please explain