



August 25, 2010

Hospira, Inc.
275 North Field Drive
Lake Forest, IL 60045

Re: Urgent Device Recall

Hospira Inc. is conducting an voluntary recall on specific Gemstar pump sets identified in the attached sheets. Our records indicate you may have received affected product. Please read the attached sheets from Hospira, **check your stock and quarantine any affected product**. Complete the attached reply form and fax it to Stericycle at 1-877 523-9110 even if you do not have any of the affected product.

Secondly you must fax a copy of this letter along with the Hospira Reply form to Medical Specialties Distributors, LLC at 1-781-344 -7244 to complete this recall process. If you have affected product be sure to fill out the return form completely, otherwise Hospira will not issue credit to MSD who in turn will not issue credit to you.

Company Name: _____

MSD customer I.D. _____

Responsible person signature: _____

Title: _____

Print name _____

Date: _____

CORPORATE OFFICE of MEDICAL SPECIALTIES DISTRIBUTORS, LLC
800 Technology Center Drive, Stoughton, Massachusetts 02072-4708, (781) 344-6000, Main Fax (781) 344-7244
Customer Service Fax (781) 344-8320 – Accounting Fax (781) 344-7415 – Biomed Services Fax (781) 344-8125

Delivering Healthcare Products & Biomed Services ... *for Life*



<i>Product</i>	<i>List Number</i>	<i>Lot</i>
GemStar™ Pump Set	12640-01	682105H; 770815H
GemStar™ Pump Set	13261-01	691805H; 670695H; 760665H; 772085H
GemStar™ Pump Set - SL	13263-01	682095H
GemStar™ Pump Set - SL	13273-01	680295H; 770875H
GemStar™ Pump Set	19680-28	772075H
GemStar™ Pump Set	20634-01	682085H
GemStar™ Pump Set with Convertible Pin	20635-01	691825H; 701295H; 781565H

August 12, 2010

Dear Valued Customer:

Hospira, Inc. is conducting a voluntary recall on specific lots of GemStar™ pump sets identified above. The affected lots were distributed between September 2008 and June 2010. No other lots are impacted by this recall and replacement sets are available. Please contact Hospira Customer Care at 1-877-946-7747 or your Hospira Account Manager to obtain replacement product.

Hospira is taking this voluntary action due to reports of under delivery occurring during clinical use. Our investigation determined that under delivery can occur under low rate settings (less than 10 mL/hour). We have not received any reports of adverse events resulting from this issue. This recall is being conducted as a precautionary measure. The root cause has been identified and preventive actions have been implemented.

Hospira has notified the U.S. Food and Drug Administration. This recall has not yet been assigned a class by the FDA.

Please check your inventory and immediately quarantine any affected product. Complete the attached Reply Form in its entirety and fax it to Stericycle at 1-877-523-9110, even if you do not have the affected product. To ensure proper and timely credit, be sure to include your Hospira customer number (if applicable) and supply information about your wholesaler/distributor from whom you purchased the affected product.

Please inform healthcare professionals in your organization of this recall. If you have distributed the product further, notify your accounts that may have received the product identified above of this recall and ask them to follow the instructions on the reply form.

Should you have any questions, please do not hesitate to contact Stericycle at 1-877-274-7163. For medical inquiries, please call Hospira Medical Communications at 1-800-615-0187.

Hospira is committed to providing our customers with the highest level of service and product quality. We appreciate your cooperation, and we regret any inconvenience this action may cause.

Sincerely,

Ileana Quinones
Vice President, Device Quality Operations

Hospira, Inc.
275 North Field Drive
Lake Forest, IL 60045
(224) 212-2000
www.hospira.com
2208_01_01AS



Urgent Device Recall Reply Form GemStar™ Sets

Please check your inventory and quarantine any affected product. Complete the information below and fax this form to Stericycle at 1-877-523-9110, even if you do not have the affected product. To ensure proper and timely credit be sure to include your Hospira customer number (if applicable) and provide information about your wholesaler/distributor from whom you purchased the affected product. Failure to complete all sections of this page may result in improper, delayed or denied credit.

Please call Stericycle at 1-877-274-7163 if you have any questions regarding this form.

I have **NO** affected product (please fill out and fax back the first page only to Stericycle at 1-877-523-9110)

I have affected product (please fill out and fax back all pages to Stericycle at 1-877-523-9110)

- Contact Stericycle at 1-877-274-7163 to obtain pre-paid shipping labels.
- Once labels are received, package *only the affected product* for return. Include in each box being returned all pages of this completed reply form and debit memo including debit memo number.

✓ Did you receive this affected product from a wholesaler or distributor? YES ___ NO ___

✓ If yes, you must provide your wholesaler or distributor name and address below.

Wholesaler or Distributor Name

Address/City/State/Zip (required for indirect customers)

✓ Have you distributed the product further to the retail level? YES ___ NO ___

✓ If yes, have you notified your retail customers? YES ___ NO ___ (if no, explain)

General Required Information

_____ Business Name	_____ Phone Number
_____ Address/City/State/Zip	
_____ Hospira Customer Number (ship to #)	_____ Debit Memo Number (for product being returned)
_____ Completed by: Printed Name/Signature/Date	

- Direct Hospira customers who purchased the product directly from Hospira must supply their Hospira customer number and debit memo number. Once the return is processed you will receive credit from Hospira.
- Indirect customers who purchased the product from a wholesaler or distributor must supply their wholesaler/distributor information and debit memo number. Once return is processed you will receive credit through your wholesaler/distributor.

**Urgent Device Recall Reply Form
GemStar™ Sets**



Business Name _____

<i>List Number</i>	<i>Lot</i>	<i>Quantity of Sets to be Returned</i>
12640-01	682105H	
	770815H	
13261-01	670695H	
	691805H	
	760665H	
	772085H	
13263-01	682095H	
13273-01	680295H	
	770875H	
19680-28	772075H	
20634-01	682085H	
20635-01	691825H	
	701295H	
	781565H	

GemStar™ Pump Sets

PRODUCT DESCRIPTION	LIST #	LOT #	SETS ENCLOSED	PRODUCT DESCRIPTION	LIST #	LOT #	SETS ENCLOSED
GemStar™ Pump Set	12640-01	682105H		GemStar™ Pump Set - SL	13273-01	680295H	
		770815H				770875H	
GemStar™ Pump Set	13261-01	691805H		GemStar™	19680-28	772075H	
		670695H		GemStar™	20634-01	682085H	
		760665H		GemStar™ Pump Set with Convertible Pin	20635-01	691825H	
		772085H				701295H	
GemStar™ Pump Set - SL	13263-01	682095H				781565H	

PACKING SLIP



GemStar™ Pump Sets

August 12, 2010

The following information is required to assure proper crediting:

Wholesaler Debit Memo: _____

Event 2208

ID 28994564

MED SPECIALTIES DIST LLC



Ship STERICYCLE
To: 2670 EXECUTIVE DRIVE SUITE A
INDIANAPOLIS IN 46241

RS
ID: 28994564
Event: 2208
Seq.# 365

IN 462 9-01

UPS GROUND
TRACKING: 1Z E38 010 06 1942 0859

PACKING INSTRUCTIONS:

1. Fill out this packing slip and photocopy it for your records. Return this original packing slip with your product shipment.
2. Affix prepaid UPS RS shipping label to shipping container (if reusing a shipping container, remove or mark out all labels, stickers, hazmat and ORM markings). Give directly to any UPS driver or deliver to UPS. (Do not enter this shipment in a UPS log book or apply any other UPS shipping label or bar code.)
3. Keep this for your records. All follow-up will be based on this shipping information.

TRACKING: 1Z E38 010 06 1942 0859

ID 28994564 Event 2208
MED SPECIALTIES DIST LLC