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## **MAUDE Adverse Event Report**



510(k) | Registration & | Adverse Listing| Recalls | PMA | Classification | Standards | EventsCFR Title | Radiation-Emitting 21| X-Ray | Medsun | CLIA | Reports

PHYSIO-CONTROL, INC. LIFEPAK 12 DEFIBRILLATOR/MONITOR SERIES Back to Search Results

Model Number LIFEPAK 12 Event Date 03/19/2008 Event Type Malfunction Event Description

Physio-control engineering has investigated an occurrence where the mfr of the biphasic to therapy pcb flex cable, designator w20, discovered tin whisker growth which may cause a shorting of the flex cable. Shorting of the flex cable may result in failure to charge or transfer energy. There have been no confirmed failures of distributed devices related to this issue.

## **Manufacturer Narrative**

The physio-control investigation determined the root cause of the reported problem to be the use of rohs compliant material in the manufacturing of the flex cable. It was determined that no field action was warranted. Manufacturing of the flex cable has returned to using non-rohs compliant material, which inhibits the growth of tin whiskers.

## **Search Alerts/Recalls**

New Search | Submit an Adverse Event Report

Brand Name LIFEPAK 12 DEFIBRILLATOR/MONITOR SERIES

Manufacturer (Section D) PHYSIO-CONTROL, INC. Redmond WA

Reamond W/

Manufacturer (Section G)

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Bill Garthe

Manufacturer Contact

11811 Willows Rd., N.e.

Redmond, WA 98073-9706

(425) 867 -4000

**Device Event Key** 1269780

MDR Report Key 1058224

**Event Key** 1016335

**Report Number** 3015876-2008-00582

**Device Sequence Number** 1

Product Code MKJ

Report Source Manufacturer

Source Type Other

Reporter Occupation Other

Type of Report Initial

**Report Date** 03/19/2008

1 Device Was Involved in the Event

1 Patient Was Involved in the Event

Date FDA Received 06/09/2008

Is This An Adverse Event Report? No

Is This A Product Problem Report? Yes

**Device Operator** Health Professional

**Device MODEL Number** LIFEPAK 12

**Device Catalogue Number** VLP12-02B

Was Device Available For Evaluation? Yes

Is The Reporter A Health Professional? Yes

**Event Location** Other

Was The Report Sent To Manufacturer? No

**Date Manufacturer Received** 02/29/2008

Was Device Evaluated By Yes

Manufacturer?

Is The Device Single Use? No

Is this a Reprocessed and Reused

Single-Use Device?

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Is the Device an Implant? No
Is this an Explanted Device?

Type of Device Usage Reuse

## **Patient TREATMENT DATA**

Date Received: 06/09/2008 Patient Sequence Number: 1

# Treatment Treatment Date

1,NA

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