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## MAUDE Adverse Event Report: PHILIPS MEDICAL SYSTEMS ULTRASOUND TRANSDUCER FOR USE WITH FM20/FM30 AVALON


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### PHILIPS MEDICAL SYSTEMS ULTRASOUND TRANSDUCER FOR USE WITH FM20/FM30 AVALON

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**Model Number** M2736A

**Event Date** 10/12/2018

**Event Type** Death

**Manufacturer Narrative**

A follow-up report will be submitted upon completion of the investigation. The device was in use on a patient at the time of the reported event. No further details regarding the baby had been made available at the time of the reporting decision. Philips is in the process of obtaining additional information regarding the reported event.

**Event Description**

It was reported that there was a "wrong ecg trace issue. The users reported that the ultrasound transducer didn't give the right ecg trace, the ecg trace was shown for a healthy baby's heartbeat, but the baby was born dead".

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**Brand Name** ULTRASOUND TRANSDUCER FOR USE WITH FM20/FM30 AVALON  
**Type of Device** ULTRASOUND TRANSDUCER  
**Manufacturer (Section D)** PHILIPS MEDICAL SYSTEMS  
Hewlett-Packard Str.2  
Boeblingen 71034  
GERMANY 71034  
**Manufacturer (Section G)** PHILIPS MEDICAL SYSTEMS  
3000 Minuteman Road  
Andover MA 01810  
**Manufacturer Contact** Robert Corning  
Hewlett-Packard Str.2  
Boeblingen 71034  
GERMANY 71034  
**MDR Report Key** 8032345  
**Report Number** 9610816-2018-00303

**Device Sequence Number**1**Product Code**HGM<sup>24</sup>**Report Source**Manufacturer**Source Type**FOREIGN,HEALTH PROFESSIONAL,U**Reporter Occupation**BIOMEDICAL ENGINEER**Type of Report**Initial**Report Date**10/24/2018**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**11/02/2018**Is This An Adverse Event Report?**Yes**Is This A Product Problem Report?**Yes**Device Operator**HEALTH PROFESSIONAL**Device MODEL Number**M2736A**Device Catalogue Number**989803143691**Was Device Available For Evaluation?**Yes**Is The Reporter A Health Professional?**Yes**Was the Report Sent to FDA?**No**Event Location**No Information**Date Manufacturer Received**10/24/2018**Was Device Evaluated By Manufacturer?**No**Date Device Manufactured**09/29/2016**Is The Device Single Use?**No**Is this a Reprocessed and Reused Single-Use Device?**No**Type of Device Usage**Reuse**Patient TREATMENT DATA****Date Received: 11/02/2018 Patient Sequence Number: 1**

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Page Last Updated: 03/31/2019

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