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MAUDE Adverse Event Report: PHILIPS MEDICAL SYSTEMS AVALON FM20 FETAL MONITOR



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PHILIPS MEDICAL SYSTEMS AVALON FM20 FETAL MONITOR

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Model Number M2702A

Event Date 08/17/2015

Event Type Death

Event Description

The customer stated, "the doctor diagnosed a fetal movement using a m2702a avalon fm20 fetal monitor, but after an emergency surgery was made, they discovered, (b)(6) 2015, that the fetus was not alive".

Manufacturer Narrative

The m2702a avalon fm20 fetal monitor was tested onsite by the philips field service engineer. This evaluation has revealed no abnormalities and the device passed testing. The application team went on site and trained the customer. The device remains at the customer site for use. There is no indication of any systemic problem. The product instructions for use (ifu) is clear about independently verifying fetal life and fetal movement detection even if the fetus is not viable. No further investigation or action is warranted.

Manufacturer Narrative

A follow up report will be submitted once the investigation is complete. Contact office correction: (b)(4).

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Brand NameAVALON FM20 FETAL MONITOR
Type of DeviceFETAL MONITOR
Manufacturer (Section D)PHILIPS MEDICAL SYSTEMS
Hewlett-Packard Str.2
Böblingen 71034
GERMANY 71034
Manufacturer ContactWendy Chadbourne
3000 Minuteman Road
Andover , MA 01810
MDR Report Key5021616
Report Number9610816-2015-00176

Device Sequence Number1**Product Code**HGM²⁴**Report Source**Manufacturer**Source Type**FOREIGN,USER FACILITY**Reporter Occupation**Other**Type of Report**Initial,Followup**Report Date**08/18/2015**1 Device Was Involved in the Event****1 Patient Was Involved in the Event****Date FDA Received**08/21/2015**Is This An Adverse Event Report?**Yes**Device Operator**Health Professional**Device MODEL Number**M2702A**Was Device Available For Evaluation?**Yes**Is The Reporter A Health Professional?**No**Was the Report Sent to FDA?**No**Event Location**No Information**Date Manufacturer Received**08/18/2015**Was Device Evaluated By Manufacturer?**Yes**Date Device Manufactured**11/19/2014**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: 08/21/2015 Patient Sequence Number: 1**

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Page Last Updated: 01/31/2019

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