

# Effective Use of FDA's TPLC Database

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# Objective

- Participants will learn the location and structure of the TPLC database, how to extract the data, and methods to use the data for device improvement.

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# Outline

- Location of the TPLC database
- Device information
- Premarket information
- Adverse events
- Recalls
- Reliability
- Risk Management
- Signal Detection

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# Introduction

- The Total Product Life Cycle (TPLC) database integrates premarket and postmarket information about medical devices.
- TPLC pulls information from CDRH databases including Premarket Approvals (PMA), Premarket Notifications (510(k)), Adverse Events, and Recalls
- TPLC information updates once a month

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# Location of the TPLC Database

- FDA CDRH maintains many databases.
- Each has an entry screen that allows the user to search the database.
- The TPLC entry screen is  
<https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfTPLC/tplc.cfm>

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# A 510(k) Device Premarket Notification


# An Example

- Becton Dickson PosiFlush™ is a range of ready-to-use sterile pre-filled flush syringes containing sodium chloride (NaCl) 0.9%



# TPLC Search Screen

- For an example, enter Product Code NGT
- The default is “Since 2018”
  - This provides all the data from 2018 to current

**Search Database**  Help

Device	<input type="text"/>	Product Code	<input type="text"/>
Regulation Number <i>e.g., 862.1730</i>	<input type="text"/>	Since	<input type="text" value="2018"/>
		<a href="#">Clear Form</a>	<input type="button" value="search"/>



# First TPLC Screen – Product Code NGT

- The result is four items of information:
  - ❑ The Product Code
  - ❑ The Device Class
  - ❑ The Device Name (FDA’s name, not the manufacturer’s)
  - ❑ The FDA Regulation number of the device

1 result found results per page 10 ▾

[New Search](#) [Help](#) | [Safety Communications](#) | [More About TPLC](#)

Product Code	Device Class	Device Name	Regulation Number
NGT	2	<a href="#">Saline, Vascular Access Flush</a>	880.5200

# TPLC Screen – Device and Date Section

- This view includes the four items of information on the prior screen as well as FDA's definition.

<a href="#">New Search</a>	show TPLC since <input type="text" value="2018"/> <input type="button" value="v"/>	<a href="#">Back to Search Results</a>
<b>Device</b>	Saline, Vascular Access Flush	
<b>Definition</b>	Enhance the performance of intravascular catheters, to maintain patency of the vascular catheter when it is not in use.	
<b>Product Code</b>	NGT	
<b>Regulation Number</b>	880.5200	
<b>Device Class</b>	2	

# Premarket Notification

- Medical device manufacturers are required to submit a premarket notification or 510(k) if they intend to introduce a device into commercial distribution for the first time or reintroduce a device that will be significantly changed or modified to the extent that its safety or effectiveness could be affected. Some firm names may not be the current 510(k) owner. The Premarket Notification database is not updated when 510(k) ownership transfers from the original sponsor to other firm.

# TPLC Screen – Premarket Information

Premarket Reviews		
Manufacturer	Decision	
AMSINO INTERNATIONAL, INC.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	2
JIANGSU CAINA MEDICAL CO., LTD.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	1
MEDLINE INDUSTRIES, INC.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	2
MEDXL INC.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	1
NURSE ASSIST, LLC		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	1
PENTAFERTE ITALIA S.R.L.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	1

# TPLC Screen – Amsino First Screen

- For the first entry, click on **SUBSTANTIALLY EQUIVALENT** and there are hyperlinks to FDA Clearance, 510(k), information

Premarket Reviews		
Manufacturer	Decision	
AMSINO INTERNATIONAL, INC.		
	<a href="#">SUBSTANTIALLY EQUIVALENT</a>	2
1. K183473 <a href="#">AMSafe(R) Pre-Filled Normal Saline Flush Syringe</a>		
2. K213522 <a href="#">AMSafe Pre-Filled Normal Saline Flush Syringe</a>		

# Amsino – K183473

[New Search](#)

[Back To Search Results](#)

<b>Device Classification Name</b>	<a href="#">saline, vascular access flush</a>
<b>510(k) Number</b>	K183473
<b>Device Name</b>	AMSafe(R) Pre-Filled Normal Saline Flush Syringe
<b>Applicant</b>	Amsino International, Inc. 708 Corporate Center Drive Pomona, CA 91768
<b>Applicant Contact</b>	Jim Barley
<b>Correspondent</b>	Amsino International, Inc. 708 Corporate Center Drive Pomona, CA 91768
<b>Correspondent Contact</b>	Jim Barley
<b>Regulation Number</b>	<a href="#">880.5200</a>
<b>Classification Product Code</b>	<a href="#">NGT</a>
<b>Date Received</b>	12/14/2018
<b>Decision Date</b>	07/12/2019
<b>Decision</b>	Substantially Equivalent (SESE)
<b>Regulation Medical Specialty</b>	General Hospital
<b>510k Review Panel</b>	General Hospital
<b>Summary</b>	<a href="#">Summary</a>
<b>Type</b>	Traditional
<b>Reviewed by Third Party</b>	No
<b>Combination Product</b>	No

# Amsino – K183473 Summary



Amsino International, Inc.  
708 Corporate Center Dr.  
Pomona, CA91768  
USA

Tel:909-626-5888 Fax:909-626-3888  
Toll Free: 1-800-MD-AMSINO  
<http://www.amsino.com>  
email: [amsino@amsino.com](mailto:amsino@amsino.com)

## Traditional 510(k) Summary (As required by 21 CFR 807.92(a)) For K183473

### a) Submitter Information:

Submitter: Richard Lee, CEO of Amsino  
Amsino International Inc.  
708 Corporate Center Drive Pomona,  
CA 91768  
Phone: +1 (909)626-5888  
Fax: +1 (909)626-3888

Contact Person: Jim Barley, RA/QA Consultant  
Cell phone: 949-4333058  
[jimbarley@aol.com](mailto:jimbarley@aol.com)

Date of Summary: July 9, 2019

### b) Device Information:

Trade or Proprietary Name: AMSafe® Pre-Filled Normal Saline Flush Syringe  
Common or Usual Name: Pre-Filled Normal Saline Flush Syringe  
Regulation Number: 21 CFR 880.5200  
Classification: II  
Product Code: NGT

**Predicate  
Device**

### c) Identification of Legally Marketed Device(s):

**Predicate Device:** AM USA 0.9% Sodium Chloride Flush Syringe, 510(k) number K133685, 20 cc Syringe with 20 cc fill volume

# Amsino – K213522

[New Search](#)

[Back To Search Results](#)

<b>Device Classification Name</b>	<a href="#">saline, vascular access flush</a>
<b>510(k) Number</b>	K213522
<b>Device Name</b>	AMSafe Pre-Filled Normal Saline Flush Syringe
<b>Applicant</b>	Amsino International, Inc. 708 Corporate Center Drive Pomona, CA 91768
<b>Applicant Contact</b>	Jane Gao
<b>Correspondent</b>	Amsino International, Inc. 708 Corporate Center Drive Pomona, CA 91768
<b>Correspondent Contact</b>	Jane Gao
<b>Regulation Number</b>	<a href="#">880.5200</a>
<b>Classification Product Code</b>	<a href="#">NGT</a>
<b>Date Received</b>	11/03/2021
<b>Decision Date</b>	03/22/2022
<b>Decision</b>	Substantially Equivalent (SESE)
<b>Regulation Medical Specialty</b>	General Hospital
<b>510k Review Panel</b>	General Hospital
<b>Summary</b>	<a href="#">Summary</a>
<b>Type</b>	Traditional
<b>Reviewed by Third Party</b>	No
<b>Combination Product</b>	No



# Amsino – K213522 Summary

## K213522 Summary

### a) Submitter Information:

Submitter: Amsino International Inc.  
708 Corporate Center Drive  
Pomona, CA 91768  
Phone: +1 (909)626-5888  
Fax: +1 (909)626-3888

Contact Person: Jane Gao  
VP of R&D of Amsino International  
Cell phone: +86 139 1614 7664  
Jane\_gao@amsino.com

Date of Summary: March 22, 2022

### b) Device Information:

Trade or Proprietary Name: *AMSafe*<sup>®</sup> Pre-Filled Normal Saline Flush Syringe  
Common or Usual Name: Pre-Filled Normal Saline Flush Syringe  
Classification Name: Saline, vascular access flush  
Product Code: NGT  
Regulation Number: 880.5200  
Device Classification: II  
Review Panel: General Hospital

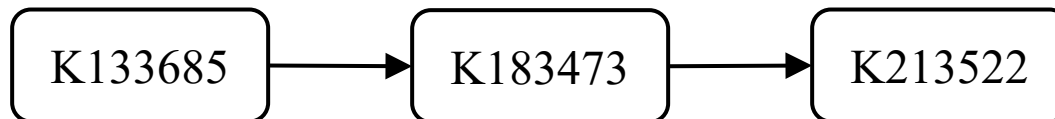
**Predicate  
Device**

### c) Identification of Legally Marketed Device(s):

*AMSafe*<sup>®</sup> Pre-Filled Normal Saline Flush Syringe, 510(k) number K183473.

# 510(k) Clearance Chain

- From the 510(k) summaries, one can build a chain of predicate devices
- In theory, the chain would go back to the first device of its kind (or a pre-amendment device), but early clearances don't always have the information.



# MDRs

- MAUDE (Manufacturer and User Facility Device Experience) data represents reports of adverse events involving medical devices. The data consists of all voluntary reports since June 1993, user facility reports since 1991, distributor reports since 1993, and manufacturer reports since August 1996. MAUDE data is reported by patients, physicians, facilities, and device manufacturers. Preliminary, supplemental, and duplicate reports exist.

# MDRs

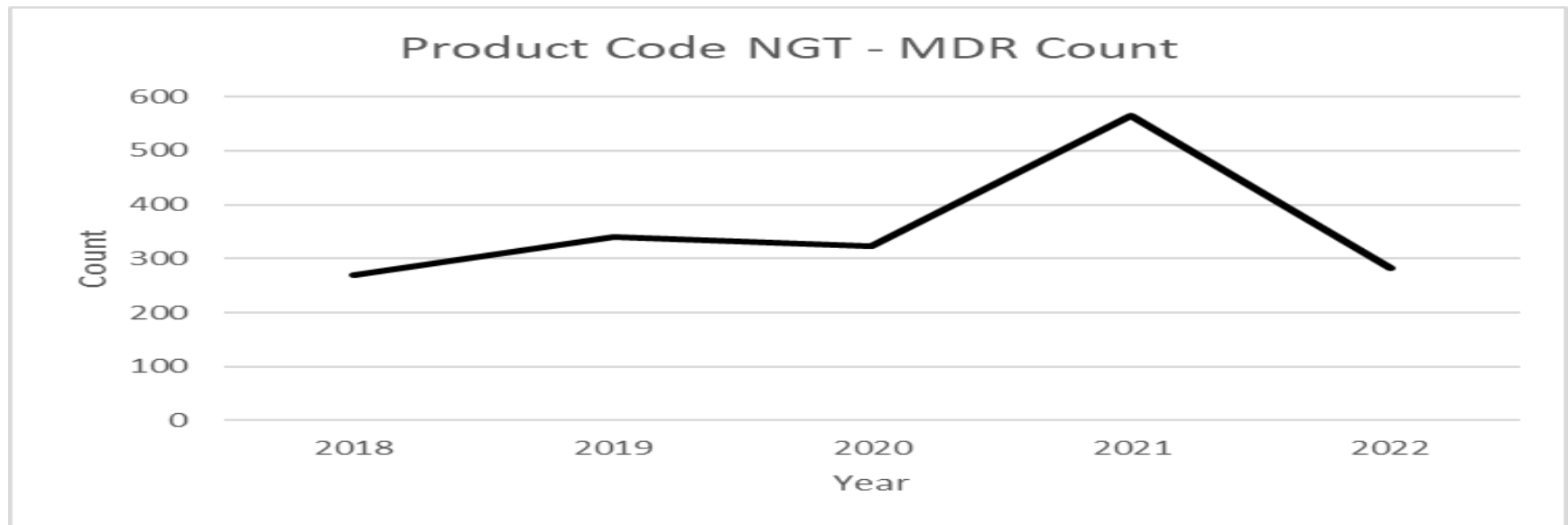
- Manufacturers have an obligation to submit an MDR when the device is involved in a death, serious injury, or certain malfunctions.
- Most manufacturers use FDA's eSubmitter software program.
- Manufacturers provide information, using a set of codes and terms:
  - Health Effect – Clinical Code
  - Health Effect – Impact Code
  - Medical Device Problem Code
  - Component Code
  - Type of Investigation
  - Investigation Findings
  - Investigation Conclusions

# TPLC Screen – MDR Information

MDR Year	MDR Reports	MDR Events
2018	269	269
2019	340	340
2020	322	322
2021	566	566
2022	282	282
2023	112	112

# TPLC Screen – MDR Information

- A line graph helps understand the frequency.
- Note the spike in 2021. Probably due to higher usage during Covid



# MDRs – Device Problems (portion of the list)

Device Problems	MDRs with this Device Problem	Events in those MDRs
<a href="#">Leak/Splash</a>	715	715
<a href="#">Failure to Deliver</a>	380	380
<a href="#">Break</a>	180	180
<a href="#">Device Contamination with Chemical or Other Material</a>	122	122
<a href="#">Physical Resistance/Sticking</a>	97	97
<a href="#">Device Markings/Labeling Problem</a>	86	86
<a href="#">Packaging Problem</a>	85	85
<a href="#">Adverse Event Without Identified Device or Use Problem</a>	56	56
<a href="#">Device Damaged Prior to Use</a>	34	34
<a href="#">Defective Component</a>	32	32
<a href="#">Volume Accuracy Problem</a>	31	31
<a href="#">Fluid/Blood Leak</a>	29	29
<a href="#">Short Fill</a>	26	26

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# MDRs – Device Problems

- This is a list, in frequency order, of the manufacturer's entries for the Medical Device Problem Code
  - The manufacturer can enter multiple codes from the three code sets (FDA, C, and IMDRF)
- The information is the term for each code entered
- Each term has a hyperlink to the associated MDRs



# MDRs – Patient Problems (portion of the list)

Patient Problems	MDRs with this Patient Problem	Events in those MDRs
<u>No Clinical Signs, Symptoms or Conditions</u>	854	854
<u>No Known Impact Or Consequence To Patient</u>	534	534
<u>No Consequences Or Impact To Patient</u>	223	223
<u>No Patient Involvement</u>	102	102
<u>No Information</u>	43	43
<u>Insufficient Information</u>	28	28
<u>Bacterial Infection</u>	20	20
<u>Unspecified Infection</u>	20	20
<u>Hypersensitivity/Allergic reaction</u>	9	9
<u>Pain</u>	9	9
<u>Swelling</u>	8	8
<u>Reaction</u>	8	8
<u>Vomiting</u>	7	7
<u>Death</u>	7	7
<u>Sepsis</u>	5	5

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# MDRs – Patient Problems

- This is a list, in frequency order, of the manufacturer's entries for the Health Effect Code
  - The manufacturer can enter multiple codes from the three code sets (FDA, C, and IMDRF)
- The information is the term for each code entered
- Each term has a hyperlink to the associated MDRs

# Recalls

Recalls			
Manufacturer		Recall Class	Date Posted
1	<a href="#">Becton Dickinson &amp; Company</a>	II	May-21-2020
2	<a href="#">Becton Dickinson &amp; Company</a>	II	Nov-20-2019
3	<a href="#">Cardinal Health</a>	I	Aug-21-2021
4	<a href="#">Family Dollar Stores, Llc.</a>	II	Aug-17-2022
5	<a href="#">MEDLINE INDUSTRIES, LP - Northfield</a>	II	Apr-08-2022
6	<a href="#">Mckesson Medical-Surgical Inc. Corporate Office</a>	II	Aug-26-2022
7	<a href="#">Medline Industries Inc</a>	II	Aug-29-2018
8	<a href="#">Windstone Medical Packaging, Inc.</a>	I	Oct-29-2021

# Recalls

- This is a list of recalls by company name and shows the recall date and the recall class
- Each entry has a hyperlink to the recall report
- FDA has three recall classes:
  - Class I: A situation where there is a reasonable chance that a product will cause serious health problems or death.
  - Class II: A situation where a product may cause a temporary or reversible health problem or where there is a slight chance that it will cause serious health problems or death.
  - Class III: A situation where a product is not likely to cause any health problem or injury.

# Recall – Cardinal Health

Product Description	Recall Class	FDA Recall Posting Date	Recalling Firm
<a href="#">Z-2284-2021 - Monoject 0.9% Sodium Chloride Flush Syringe, 10 ML Fill, STERILE, Product Code 8881570121 The Proposed Device Is Indicated For Use In Flushing Compatible Intravenous Tubing Systems And Indwelling...</a>	1	08/21/2021	Cardinal Health
<a href="#">Z-2286-2021 - Monoject 0.9% Sodium Chloride Flush Syringe, 5mL Fill, STERILE, Product Code 8881570125 The Proposed Device Is Indicated For Use In Flushing Compatible Intravenous Tubing Systems And Indwelling In...</a>	1	08/21/2021	Cardinal Health
<a href="#">Z-2285-2021 - Monoject 0.9% Sodium Chloride Flush Syringe, 3 ML Fill, STERILE, Product Code 8881570123 The Proposed Device Is Indicated For Use In Flushing Compatible Intravenous Tubing Systems And Indwelling I...</a>	1	08/21/2021	Cardinal Health

- This links to three recalls, one for each size (10 ml fill, 5 ml fill, and 3 ml fill)
- Each of these has a hyperlink to the individual report

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# Recall – Cardinal Health

- Information in the 10 ml recall report includes:
- Product: Monoject 0.9% Sodium Chloride Flush Syringe, 10 mL Fill, STERILE
- Manufacturer Reason for Recall: Potential for the plunger to draw back after the air has been expelled and reintroduce air back into the syringe.
- FDA Determined Cause: Device Design
- Quantity in Commerce: 267,217,860 eaches in total

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# Premarket Approval (PMA)

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# Premarket Approvals (PMA)

- Premarket approval by FDA is the required process of scientific review to ensure the safety and effectiveness of all devices classified as Class III devices. An approved Premarket Approval Application (PMA) is, in effect, a private license granted to the applicant for marketing a particular medical device.



# Automated External Defibrillators

- Device: Automated External Defibrillators (Non-Wearable)
- Definition: This device is a non-wearable prescription use only AED. These are devices that include automated external defibrillation. Automated external defibrillators use external pad-type electrodes to sense, detect, classify, and treat (with an electrical shock) ventricular fibrillation. These devices are intended to be used on suspected victims of sudden cardiac arrest. A person in cardiac arrest is unresponsive and is not breathing normally. The device can be sold with prescription only.
- Product Code: MKJ
- Submission Type: PMA
- Regulation Number: 870.5310
- Device Class: 3

# TPLC Screen – Premarket Information

Premarket Approvals (PMA)					
2018	2019	2020	2021	2022	2023
<a href="#">20</a>	<a href="#">25</a>	<a href="#">52</a>	<a href="#">41</a>	<a href="#">19</a>	<a href="#">11</a>

- The section has a different format from a 510(k) product
- Each of the counts is a hyperlink to a list of PMAs or supplements (changes) for that year
- Each item on the list is a hyperlink to information about the individual PMA or supplement

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# 510(k) Exempt

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# 510(k) Exempt

- There are two cases
- A Class II device required a 510(k), but FDA later made it 510(k) exempt
  - The premarket information section will have information about the 510(k)s, but no information after the status change
- A Class I 510(k) exempt device
  - There won't be a premarket information section

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# Reliability Considerations

# Reliability Considerations

- One source of information for reliability is the list of device problems.
- The lists identifies problems that could result in device failure.
- The list is in rank order from the most common device problems to the least common.
- For your device determine if the device problem applies.
  - Read all the MDRs using the hyperlink from the term

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# Flushing Problem

- Consider the term “Flushing Problem”
- Following the hyperlink there are three reports.
- They all have only one device problem, “Flushing Problem”.
- They all have only one patient problem, “No Known Impact Or Consequence To Patient”.

# Flushing Problem

- Look at the MDRs for common threads. Some excerpts from the event description:
  - BD Posiflush saline syringe does not flush easily. We have had several syringes that do not flush past 8 ml and two that do not flush past 5ml.
  - It was reported that during use of the 10 ml BD Posiflush normal saline syringe the syringe is not flushing completely “they are meeting resistance after about 5ml”
  - It was reported that BD Posiflush NS filled syringe stopped pushing during a flush. This occurred on 4 separate occasions.



# FMECA

- Consider IEC 60812 Ed. 3.0 Failure Modes and Effects Analysis (FMEA and FMECA)
- Figure 1 shows the methodology. Some of the steps are:
  - Identify failure modes
  - Identify failure causes
  - Determine the severity of the failure final effect
  - Estimate the likelihood of the failure mode
  - Estimate other criticality parameters
  - Identify actions
- The MDRs provide information to help identify the failure modes

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# Risk Management Considerations

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# Risk Management Considerations

- One source of information for risk management is the list of patient problems.
- The list identifies problems that could result in patient or user harm.
- The list is in rank order from the most common patient problems to the least common.
- For your device determine if the patient problem applies.
  - Read all the MDRs using the hyperlink from the term

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# Anaphylactic Shock

- Consider the term “Anaphylactic Shock”
- Following the hyperlink there are three reports.
- There are multiple device problems:
  - Adverse Event Without Identified Device or Use Problem
  - Device Contamination with Chemical or Other Material
  - Insufficient Information
- Two have only one patient problem, Anaphylactic Shock
- One has Anaphylactic Shock, Nausea, and Vomiting

# Anaphylactic Shock

- Look at the MDRs for common threads. Some excerpts from the event description:
  - It was reported that patients experienced anaphylactic shock after the BD Posiflush normal saline syringes were used to flush the tubing. Additionally, other patients suffered adverse gastrointestinal reactions after the syringes were used on them, as well as nausea and vomiting.
  - It was reported that the syringe 10ml Posiflush experienced foreign matter in the syringe or any fluid path component and was involved with a patient experiencing a systemic allergic reaction.
  - It was reported that after use of a BD Posiflush normal saline syringe, an infant who was currently hospitalized received a clear pipe with flush at 17:00, anaphylactic shock occurred on 17:02 pm ... it is also reported this batch had another two complaints of reactions in adults as they vomited after flush was given.

# Hazard Analysis

- Consider ISO 14971:2019 Medical Devices – Application of Risk Management to Medical Devices
- Consider the steps in risk management
  - Hazard (A potential source of harm)
  - Sequence of events
  - Hazardous situation
  - Harm
  - Severity
  - Frequency of occurrence
  - Risk estimate
- The MDRs provide information to help identify the harm
- Work backward to arrive at the associated hazard
- Work forward to estimate the risk

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# Signal Detection

# Signal Detection

- The Device Problems and the Patient Problems terms are in descending order.
- It is easy to organize them in a Pareto Chart.
- One signal detection method is to look for changes in rank order.
  - A term that moves up in rank order has more reports
  - To prevent false alarms, consider only terms that move up two or more places, *e.g.*, from 6<sup>th</sup> place to 3<sup>rd</sup> place.



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# Device Problem – Example

## (Data from a related project)

- Consider the term “Device markings/Labelling problem”
- In 2021 it was in 13<sup>th</sup> place in the rank order
- In 2022 it had moved to 5<sup>th</sup> place in the rank order
- Something changed so users were generating more complaints resulting in more MDRs
- By looking at the 2021 and 2022 MDRs, try to identify the change and ensure your device doesn't have the problem.

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# Patient Problem – Example

## (Data from a related project)

- Consider the term “Unspecified infection”
- In 2021 it was in 14<sup>th</sup> place in the rank order
- In 2022 it had moved to 5<sup>th</sup> place in the rank order
- Something changed so users were generating more complaints resulting in more MDRs
- By looking at the 2021 and 2022 MDRs, try to identify the change and ensure your device doesn't have the problem.

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# A Case Study

# Question

- A colleague asked, “I came across a Class I recall announcement about a wearable thermometer for risk of serious injury, including burns to infants and young children. To my great surprise, this device is classified as a Class I, 510(k) exempt device (Product Code FQZ). The reason I am baffled is that this device is intended to be used on infants and babies under 6 years old. I have been under the impression that the FDA is extra careful when it comes to devices for pediatric use. I am curious about how this type of a device could be considered "low risk" and classified as a Class I device?”

# Analysis Using TPLC

- Because we know the product code, FQZ, TPLC is a good place to start.
- Notice that Product Code FQZ is for a color change thermometer. That leads to looking at the regulation, 880.2900

Device	Thermometer, Clinical Color Change
Product Code	FQZ
Regulation Number	880.2900
Device Class	1

# Regulation 880.2900

- A clinical color change thermometer is a disposable device used to measure a patient's oral, rectal, or axillary (armpit) body temperature. The device records body temperature by use of heat sensitive chemicals which are sealed at the end of a plastic or metal strip. Body heat causes a stable color change in the heat sensitive chemicals.

# Recall

- Since there is only one recall, the choice is simple.

Recalls			
Manufacturer		Recall Class	Date Posted
1	<a href="#">BearCare, Inc.</a>	I	Jun-08-2023

# Recall

- The product is described as “Walnut Wearable Smart Thermometer, intended for continuous chest temperature monitoring of children ages 0-6 years in non-emergency medical situations, Model Number WT20”.
  - Notice that this device is wearable and designed for continuous monitoring, It doesn’t seem to match the description in 880.2900.
  
- The requested action is, “BearCare is asking consumers to immediately discontinue use of all Walnut Thermometers employing a rechargeable battery and return the product to BearCare for a refund”.
  - The use of a battery doesn’t seem to fit with the description in 880.2900.



# Patient Problem

- From the question, we know there was a burn involved, so we look at the MDR involving a burn.

Patient Problems	MDRs with this Patient Problem	Events in those MDRs
<a href="#">Erythema</a>	1	1
<a href="#">Caustic/Chemical Burns</a>	1	1
<a href="#">No Known Impact Or Consequence To Patient</a>	1	1
<a href="#">Partial thickness (Second Degree) Burn</a>	1	1
<a href="#">Blister</a>	1	1
<a href="#">Skin Inflammation/ Irritation</a>	1	1

# MDR

- Device Problems: Corroded, Material Rupture, and Battery Problem
- Patient Problems: Erythema, Caustic/Chemical Burns, Partial thickness (Second Degree) Burn, Blister, Skin Inflammation/ Irritation

# MDR

- **Event Description:** A 2 year old child was wearing a Walnut Cares wearable bluetooth thermometer to monitor temperature while sleeping for a common cold. Upon removing the thermometer in the morning, corrosion was noticed around the contact sensor and charging contacts, similar to battery acid. We immediately checked the child's skin and discovered a blistered and scabbed chemical burn with significant redness and irritation around the burn site. It appears the battery inside the Walnut device ruptured during wear and caused a chemical burn. We took the child to their PCP, who confirmed a 2nd degree chemical burn caused by the device. We have reached out to Walnut Cares via their customer contact email ([info@walnutcares.com](mailto:info@walnutcares.com)) and have not received a response.

# Results

- The thermometer's battery leaked and caused chemical burns on a 2 year old child
- It appears the parents filed the MDR. I didn't find an MDR from the manufacturer.
- The manufacturer initiated a recall.
- Response to the initial question:
  - The description of the thermometer does not seem to match the regulation
  - The thermometer appears to have been misclassified as product code FQZ

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# Conclusions

- TPLC is a powerful tool provided by FDA
- It contains information useful for reliability and for risk management
- It also provides information to generate signals
  - Signal generation provides an opportunity to ensure your device doesn't have problems experienced by other devices
  - Use it to create effective correction action



# ***QUESTIONS***