URGENT: MEDICAL DEVICE RECALL

Subject: Urgent Recall of Comprehensive Allergy Panel [Insert Lot Number/Batch Number]

Date: [Insert Date]

To: Healthcare Providers and Laboratory Managers

Dear Valued Customer,

This letter is to notify you of a voluntary recall for the following product:

- **Product Name:** Comprehensive Allergy Panel
- **Catalog Number:** [Insert Number]
- **Lot/Batch Numbers:** [Insert Numbers]
- **Expiration Date:** [Insert Date]

Reason for Recall:
[Insert Company Name] has identified a potential issue regarding [Insert Reason, e.g., cross-reactivity or diminished sensitivity] which may lead to inaccurate test results. Specifically, there is a risk of [Insert Potential Risk, e.g., false positives/negatives] for certain allergens within the panel.

Required Actions:

1. Immediately discontinue the use of the affected lots listed above.
2. Check your current inventory and quarantine all remaining units.
3. Complete the attached Response Form and return it to [Insert Email/Fax] to facilitate product replacement or credit.
4. If these panels were used for patient testing between [Insert Date] and [Insert Date], please consult with your Medical Director to determine if re-testing is necessary.

Product Disposal/Return:
Please [Insert Instruction: e.g., destroy the product locally or return to the manufacturer using the provided shipping label].

We apologize for any inconvenience this may cause and appreciate your immediate attention to this safety matter. For technical support or questions, please contact our Customer Service department at [Insert Phone Number] or [Insert Email Address].

Sincerely,

[Insert Name]
[Insert Title]
[Insert Company Name]