URGENT NOTICE: EVIDENCE PRESERVATION ORDER

Date: [Insert Date]

To: [Name of Hospital/Clinic/Manufacturer Representative]
Address: [Insert Address]
City, State, Zip: [Insert City, State, Zip]

RE: Notice to Preserve Evidence Regarding [Insert Name of Patient]

To Whom It May Concern,

This letter serves as a formal notice to demand the immediate preservation of all evidence related to the medical device identified below, which was used during a procedure involving [Patient Name] on [Date of Procedure].

Device Information:

- Device Name/Model: [Insert Name/Model]
- Serial Number: [Insert Serial Number]
- Lot/Batch Number: [Insert Lot Number]
- Manufacturer: [Insert Manufacturer Name]

Evidence to be Preserved:

You are hereby instructed to sequester and maintain the following items in their current condition without any alteration, cleaning, or testing:

1. The physical medical device removed from or used on the patient.
2. All original packaging, labeling, and instructions for use (IFU).
3. All maintenance logs, inspection reports, and sterilization records for this specific device.
4. All internal communications, emails, and incident reports regarding the failure of this device.
5. All video recordings or photographs taken during the procedure where the device failed.

Failure to maintain this evidence may result in legal sanctions for spoliation of evidence. Please confirm in writing within [Number] business days that the identified device and related materials have been secured in a climate-controlled, tamper-proof environment.

Please direct all future correspondence regarding this matter to my office.

Sincerely,

[Your Name/Attorney Name]
[Law Firm/Contact Information]

[Phone Number]
[Email Address]