DATE: [Insert Date]

VIA CERTIFIED MAIL / RETURN RECEIPT REQUESTED

TO:
[Name of Hospital Administrator or Risk Manager]
[Name of Hospital]
[Hospital Address]
[City, State, Zip Code]

RE: NOTICE OF PRESERVATION OF EVIDENCE

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Patient ID/MRN: [Medical Record Number]
Date of Procedure: [Date of Surgery/Explantation]

To Whom It May Concern,

This letter serves as a formal demand for [Hospital Name] to preserve and maintain all evidence related to the medical device implanted in and/or removed from the above-referenced patient. This request is made in anticipation of potential litigation.

We specifically demand the preservation of the following items:

- **The Explanted Device:** The physical device, including any leads, connectors, or components removed from the patient. This device must be kept in its current state and should not be returned to the manufacturer for testing without written consent.
- **Packaging and Labeling:** All original packaging, boxes, inserts, and tracking stickers associated with the device.
- **Medical Records:** All surgical logs, operative reports, nursing notes, and device registration cards.
- **Chain of Custody:** Documentation of everyone who has handled the device since its removal.
- **Imaging:** All X-rays, CT scans, or MRIs showing the device in situ.

Please ensure that all staff, including pathology and surgical departments, are notified of this preservation hold. Failure to preserve this evidence may result in legal sanctions for spoliation of evidence.

Please confirm in writing within [Number] days that these items have been secured.

Sincerely,

[Your Signature]
[Your Printed Name]

[Your Relationship to Patient, if applicable]
[Your Phone Number]
[Your Email Address]