URGENT: EVIDENCE PRESERVATION NOTICE

DATE: [Insert Date]

TO:
[Manufacturer Name]
[Legal Department/Registered Agent Address]
[City, State, Zip Code]

RE: NOTICE OF DEFECTIVE DEVICE AND DEMAND FOR EVIDENCE PRESERVATION

Patient Name: [Insert Patient Name]
Device Name: [Insert Device Name/Model]
Serial/Lot Number: [Insert Numbers]
Date of Implantation: [Insert Date]
Date of Explantation: [Insert Date]

To Whom It May Concern,

This letter serves as formal notice that the above-referenced medical device manufactured by your company has failed and/or was found to be defective. As a result, the device has been surgically removed (explanted) from the patient.

Please be advised that litigation regarding this matter is reasonably anticipated. Pursuant to your legal obligations, you are hereby directed to preserve all evidence related to this device, including but not limited to:

- All design specifications and manufacturing records for this specific lot/serial number.
- All internal testing results, quality control reports, and inspection logs.
- All communications regarding known risks, failures, or recalls of this device model.
- All marketing materials and warnings provided to the implanting physician.

Furthermore, the explanted physical device is currently being maintained as evidence. We demand that you refrain from any destructive testing or inspection of the device without the presence of our legal and/or expert representatives.

Please acknowledge receipt of this notice in writing within [Insert Number] business days. Direct all future correspondence regarding this matter to the undersigned.

Sincerely,

[Your Name/Law Firm Name]
[Your Phone Number]
[Your Email Address]