[Your Name/Law Firm Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Email]

[Date]

[Recipient Name: Hospital Administrator or Risk Manager]
[Facility Name]
[Address]
[City, State, Zip Code]

RE: FORMAL DEMAND FOR PRESERVATION OF EVIDENCE

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Procedure: [Date]
Device Name/Type: [Device Description/Serial Number if known]

Dear [Recipient Name],

This letter serves as a formal demand for the preservation of all evidence related to the medical device implanted in and/or removed from the above-referenced patient. Litigation is currently being considered or is pending regarding this device.

You are hereby directed to preserve, secure, and maintain the following items:

- The physical medical device/implant (including all components, leads, or fragments) removed from the patient.
- The original packaging, box, and labeling associated with the device.
- All "Instructions for Use" (IFU) and package inserts provided with the specific unit.
- All explant reports, pathology reports, and laboratory analysis conducted on the device.
- All surgical logs, intraoperative photographs, and videos related to the implantation or explantation.
- All communications, including emails and memos, regarding the performance or failure of this specific device.

DO NOT return the device to the manufacturer or any third party. **DO NOT** alter, clean, sterilize, or destroy the device, as this may constitute spoliation of evidence. The device should be stored in a secure, climate-controlled environment to prevent degradation.

Please confirm in writing within [Number] days that you have received this notice and that the evidence has been secured. If the device has already been transferred to another party, please provide the name and contact information of the recipient immediately.

Sincerely,

[Your Signature]

[Your Printed Name]