URGENT: EVIDENCE PRESERVATION NOTICE

DATE: [Date]

TO:
[Risk Management Department / Hospital Legal Counsel]
[Facility Name]
[Address]
[City, State, Zip]

RE: Evidence Preservation regarding [Patient Name]
DOB: [Date of Birth]
Surgical Date: [Date of Procedure]
Device Type: [Device Name/Model]

To Whom It May Concern,

This letter serves as a formal notice to [Facility Name] and its staff to preserve and maintain all physical and electronic evidence related to the medical device implanted in or removed from the above-referenced patient. Litigation is currently anticipated regarding this device.

I. PHYSICAL DEVICE PRESERVATION

You are hereby instructed to take all necessary steps to ensure that the following physical evidence is not altered, cleaned, destroyed, or discarded:

- The explanted medical device, including all components, leads, and fragments.
- Any biological tissue or fluids removed in conjunction with the device.
- The original packaging, labeling, and Instructions for Use (IFU) associated with the device.

Please ensure the device is stored in a secure, climate-controlled environment and that a formal "Chain of Custody" log is established and maintained.

II. DOCUMENTATION AND RECORDS

Please preserve all records related to this device and procedure, including but not limited to:

- Complete medical records and surgical reports.
- Implant logs and batch/lot numbers.
- Procurement and purchase records for the specific device.
- Sterilization records and operating room logs.
- All internal and external communications (emails, memos) regarding this patient and device.

Failure to preserve this evidence may result in legal sanctions for spoliation of evidence. Please acknowledge receipt of this letter in writing and confirm that the requested evidence has been secured.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Capacity]
[Phone Number]
[Email Address]