URGENT: FORMAL NOTICE TO PRESERVE EVIDENCE

Date: [Insert Date]

To: [Name of Clinic/Facility Administrator]
[Name of Medical Clinic]
[Street Address]
[City, State, Zip Code]

RE: Notice of Preservation of Medical Device/Implant

Patient Name: [Patient Full Name]
Date of Birth: [Patient DOB]
Date of Procedure: [Date of Explant or Surgery]
Device Description: [Insert Device Name, Model, and Serial Number if known]

To Whom It May Concern,

This letter serves as a formal demand for [Name of Medical Clinic] to preserve and maintain the chain of custody for the medical device/implant removed from the above-named patient during the procedure performed on [Date].

Please ensure that the device, including any related components, fragments, or packaging, is handled according to the following instructions:

- **Do Not Destroy:** Do not discard, destroy, or return the device to the manufacturer.
- **Storage:** Store the device in a secure, climate-controlled environment.
- **Decontamination:** Follow standard biohazard protocols but do not subject the device to harsh chemicals or processes that may alter its physical state or surface integrity.
- **Documentation:** Maintain a strict log of all individuals who handle the device.

This preservation hold is necessary for potential forensic examination and legal review. Failure to preserve this evidence may result in legal sanctions for spoliation of evidence.

Please confirm in writing within [Number] business days that the device has been secured and will be held until further notice.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Title/Relationship to Patient]
[Your Phone Number]
[Your Email Address]