Date: [Insert Date]

To: [Hospital Name/Surgical Center]
Attention: Risk Management Department / Pathology Department
Address: [Insert Address]

RE: FORMAL NOTICE TO PRESERVE EVIDENCE

Patient Name: [Insert Patient Name]
Date of Birth: [Insert Date of Birth]
Date of Surgery: [Insert Date of Surgery]
Surgeon: [Insert Surgeon Name]

To Whom It May Concern,

This letter serves as a formal request and notice to preserve all hardware, components, and prosthetic implants removed from the patient named above during the surgical procedure performed on [Insert Date].

1. Preservation Requirement: Please ensure that all explanted components (including but not limited to femoral stems, acetabular cups, liners, heads, or knee components) are immediately sequestered and preserved. Do not return these items to the manufacturer or any third-party representative.

2. Storage Conditions: The components should be stored in a secure, dry environment. Please do not clean, alter, or sterilize the implants using methods that could compromise the physical integrity or surface analysis of the device, unless medically necessary for safety protocols.

3. Inspection Request: We request that these items be held for inspection and collection by our designated representative. Please notify us once the items have been secured and provide instructions for the formal transfer of custody.

4. Documentation: Please include copies of all operative reports, pathology reports, and any photographs taken of the device before and after removal.

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

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Phone Number]
[Your Email Address]