URGENT LEGAL NOTICE: FORMAL DEMAND FOR PRESERVATION OF EVIDENCE

DATE: [Date]

TO:
[Custodian Name/Facility Name]
[Attn: Risk Management/Pathology Department]
[Address]
[City, State, Zip Code]

RE:
Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Date of Procedure: [Date of Explant]
Device Description: [Device Name, Model, and Serial/Lot Number if known]

To Whom It May Concern,

This letter serves as a formal demand for the preservation of all physical and electronic evidence related to the medical device/implant removed from the above-referenced patient on [Date of Explant].

You are hereby directed to maintain, preserve, and protect the following items in your possession, custody, or control:

- The explanted medical device, including all components, fragments, and attachments.
- Any tissue samples, biological matter, or fluids removed in conjunction with the device.
- All original packaging, labels, and tracking tags associated with the device.
- All medical records, operative reports, and imaging (DICOM files) related to the explantation.
- All chain-of-custody logs and storage records regarding the device's location post-surgery.

PRESERVATION INSTRUCTIONS:
Do not clean, sterilize, alter, or destroy the device. Do not return the device to the manufacturer without express written consent from this office. Please ensure the device is stored in a secure, climate-controlled environment to prevent degradation or loss. If the device has already been sent to a pathology lab or third party, please provide the contact information for that entity immediately.

Failure to maintain this evidence may result in legal sanctions for spoliation of evidence. Please acknowledge receipt of this letter and confirm that the items have been placed on a "Legal Hold."

Sincerely,

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