**URGENT: EVIDENCE PRESERVATION NOTICE**

**Date:** [Date]

**To:**
[Hospital/Facility Name]
[Risk Management Department]
[Address]
[City, State, Zip]

**Re: Notice to Preserve Evidence**
**Patient:** [Patient Name]
**Date of Birth:** [DOB]
**Procedure Date:** [Date of Surgery/Explant]
**Device:** [Device Name/Serial Number, if known]

To Whom It May Concern,

This letter serves as a formal notice to preserve and protect all evidence related to the medical device removed from [Patient Name] on [Date]. We have reason to believe that this device may be defective or contributed to patient injury, and it is central to potential legal proceedings.

**Spoliation Warning:**
You are hereby instructed to maintain the "chain of custody" and refrain from altering, destroying, discarding, cleaning, or returning the device to the manufacturer. Failure to preserve this evidence may result in legal sanctions for spoliation of evidence.

**Requested Actions:**

- Immediately secure the explanted device in a sterile, sealed container.
- Store the device in a secure, climate-controlled location.
- Preserve all biological tissue or fluids removed with the device, if applicable.
- Retain all packaging, labels, and instructional inserts associated with the device.
- Preserve all electronic and paper medical records, surgical logs, and imaging related to this patient.

Please confirm in writing within [Number] days that the device has been secured and will be held until further instructions are provided regarding inspection or transfer to a forensic laboratory.

Sincerely,

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