



Batch Recall

**ChloroPrep 2% w/v 70% v/v Cutaneous Solution,
1 ml Applicators and Frepp™ 1.5 ml Applicators, PA2287/001/002.**

See Appendix 1 for impacted batch listing

25/05/2026

Dear Pharmacist / Healthcare Professional,

Following our telephone conversation on 25/05/2026, we wish to formally advise you that the batches listed in Appendix 1 of ChloroPrep 2% w/v 70% v/v Cutaneous Solution, 1 ml Applicators and Frepp™ 1.5 ml Applicators (PA2287/001/002) are being recalled with immediate effect.

This recall is going to **hospital / clinic level**. This action has been agreed with the Health Products Regulatory Authority (HPRA).

The impacted batches are being recalled due to a potential breach of sterility in the packaging, due to wrinkles in the paper lidding which may extend to the seal.

During the aforementioned telephone conversation, you were requested to immediately identify and quarantine any units or partial packs of the affected batches which you have in your facility. This includes stock on wards, at surgical units, in clinics and at any other relevant location within your facility. If you have not already done this, please now do so immediately.

You are requested to please take the following actions:

1. Complete the attached Response Form and return it to the Iskus Health email contact noted on the form. Please complete and return the Response Form regardless of whether you have units from the impacted batches in your possession.
2. The final date for recalled stock to be received back for credit is 08/06/2026.
3. If you have supplied units of the affected batches to any other pharmacy, healthcare provider, clinic or other establishment, please forward a copy of this recall letter to them, and request they quarantine and return any units in their possession to you.
4. Please ensure that the above information is relayed to all relevant healthcare professionals within your facility, to ensure patients are monitored as is considered appropriate.




Replacement unimpacted stock is available to order.

Please report any adverse reactions to BD at SafetyInformation@bd.com and to the HPRA at medsafety@hpra.ie. We apologise for the inconvenience this action may cause.

Sincerely,

Javier Franch
BD Associate Director, Global Pharma Quality

Signed by:
Javier Franch
 Signer Name: Javier Franch
Signing Reason: I am the author of this document
Signing Time: 25-May-2026 | 6:24:03 AM PDT
DBBE11F3FCA548408ECC00C94DFE28E5



Appendix 1
Impacted batch listing

Product Name	Batch number	Expiry date
ChloroPrep® 1 mL Applicator	4058231	02-27
	4212805	06-27
	4023071	12-26
	4233411	07-27
	3261045	08-26
	4151136	05-27
	4086022	03-27
	4192080	06-27
	4086024	03-27
	4270390	09-27
	4212806	06-27
	3346244	11-26
	3321422	10-26
	ChloroPrep® Frepp™ 1.5 ml Applicator	5036189
3227659		08-26
4169640		05-27
5037270		01-28
3313884		10-26
4295374		10-27
4235732		08-27
3138975		05-26



Customer Response Form

For recall SUR-26-06093 - ChloroPrep 2% w/v 70% v/v Cutaneous Solution, 1 ml Applicators and Frepp™ 1.5 ml Applicators, PA2287/001/002.

Return this form to Quality@iskushealth.com as soon as possible or **no later than 08 June 2026**

Tick the appropriate box below:

We do not have any units of the affected batches at any location within our facility.

OR

We have units from the affected batches in our possession and I confirm that the units have been quarantined.

Please complete the following tables:

(Replacement product / credit will only be issued on completion and return of this form).

Lot Number	Number of units quarantined <i>(please document the number of individual applicators quarantined for return)</i>



Account/Organisation Name:	
Department (if applicable):	
Address:	
Postcode:	City:
Contact Name:	
Job Title:	
Contact Telephone Number:	Contact E-mail Address:
Signature:	Date:

*This form must be returned to BD before this action can be considered closed for your account. *If you were forwarded this Notice via a distributor/3rd party, please return your completed form to that organization for reconciliation purposes.*

I confirm the recall letter and response form has been read, understood and that all required actions have been implemented.