



Batch Recall

BD Chloraprep Chloraprep 2% w/v 70% v/v Cutaneous Solution 1mL applicators, PA2287/001/002

Batch number	Expiry date
5270792	09/2028
5295213	10/2028
5295216	10/2028

09/07/2026

Dear Pharmacist/Healthcare Professional,

Following our telephone conversation on 08/07/2026, we wish to formally advise you that the above-listed batches of BD Chloraprep, Chloraprep 2% w/v 70% v/v Cutaneous Solution, 1mL 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 applicator, due to an open or incomplete seal on the packaging.

If you have not already done so, please immediately perform the following actions:

1. Identify and quarantine any units (including 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.
2. If you have supplied units of the affected batches to any other pharmacy, healthcare provider, clinic or any other party, please forward a copy of this recall letter to them, and request they quarantine and return any units in their possession to you.
3. Ensure that the above information is relayed to all relevant healthcare professionals within your facility, to ensure patients are monitored as appropriate.
4. 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. The final date for recalled stock to be received back for credit is 23/07/2026.



Other presentations of this product are currently 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,

Signed by:

Javier Franch



Signer Name: Javier Franch

Signing Reason: I approve this document

Signing Time: 08-Jul-2026 | 7:10:38 AM PDT

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Javier Franch

BD Associate Director, Global Pharma Quality



Customer Response Form

**BD Chloraprep, Chloraprep 2% w/v 70% v/v Cutaneous Solution, 1mL applicators,
PA2287/001/002**

Return this form to Quality@iskushealth.com as soon as possible or **no later than 22 July 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 <i>(if applicable):</i>	
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.