



## URGENT MEDICAL DEVICE RECALL

March 2, 2026

Product Code	Product Description	Lot Numbers	UDI
5110	Webcol™ Large Alcohol Prep Pad	See Attachment 1	20192253046202 (carton) 50192253046203 (case)

Dear Valued Customer:

The purpose of this letter is to advise you that Cardinal Health is issuing a medical device product recall on specific lots of Webcol™ Large Alcohol Prep Pad (SKU 5110) listed on Attachment 1.

<b>Description of the issue:</b>	<p><u>What is the issue?</u>          The Webcol™ Large Alcohol Prep Pads have been deemed non-sterile following the discovery of a contaminant (<i>Paenibacillus phoenicis</i>) during a routine sterilization dose audit.</p> <p><u>What is the risk to health?</u>          The contaminant has a low probability of detection and may pose a potential infection risk to vulnerable groups such as critically ill, immunocompromised, neonatal, and pediatric patients.</p> <p>Cardinal Health has not received any reports of harm or adverse events.</p> <p><u>What other actions is Cardinal Health taking?</u>          Cardinal Health is currently notifying customers and will complete appropriate corrective actions to recover impacted product.</p>
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<b>Actions Required:</b>	<ol style="list-style-type: none"> <li>1. <b>REVIEW</b> your inventory for the affected product code. Location of product code and lot are shown on the labels below (Attachment 2). If product has been removed from inner carton or case, consider this as impacted and follow the instructions below.</li> <li>2. <b>COMMUNICATE</b> with all personnel that utilize the listed Webcol™ Large Alcohol Prep Pads.</li> <li>3. <b>SEGREGATE</b> and quarantine all affected product upon review of your inventory. Affected product should not be used. Utilize return directions below to return product.</li> <li>4. <b>DISSEMINATE</b> this notice to all departments, clinics and external campuses that handle the affected products.</li> <li>5. <b>DISTRIBUTORS</b> please notify any customers to whom you may have distributed/forwarded affected product to about this medical device recall and share a copy of this notice.</li> <li>6. <b>RETURN</b> the enclosed acknowledgment form via fax to <b>614-652-9648</b> or email to <b>GMB-FieldCorrectiveAction@cardinalhealth.com</b>, whether you have affected product or not.</li> </ol>
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<b>Return of Product and Available Assistance:</b>	<p><b>CONTACT</b> the appropriate Customer Service group to arrange return of the affected product. Representatives can also answer questions relating to credit, replacement, and suitable alternative products.</p> <p><b>Monday – Friday between 8:00am - 5pm EST:</b></p> <ul style="list-style-type: none"> <li>• Hospital – 800-964-5227</li> <li>• Federal Government – 800-444-1166</li> <li>• Distributor – 800-635-6021</li> <li>• All Other Customers – 888-444-5440</li> </ul> <p>For questions related to this notification and/or acknowledgement form that are not adequately addressed in this letter, please contact the market action team at:  <b>GMB-FieldCorrectiveAction@cardinalhealth.com or call 800-292-9332.</b></p>
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Cardinal Health 200, LLC  
3651 Birchwood Drive  
Waukegan, IL 60085  
[cardinalhealth.com](http://cardinalhealth.com)

<b>Additional Information:</b>	<p>In the event you have experienced quality problems or adverse events related to the products listed, please utilize the contacts above.</p> <p><b><u>Adverse Events Reporting Process</u></b></p> <p>Cardinal Health has notified the U.S. Food &amp; Drug Administration that we are taking this action. In the event you have experienced quality problems or adverse events related to the products listed above, please utilize the contact information above.</p> <p>The FDA can be contacted to report any adverse events experienced with these products: Online at <a href="http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm">http://www.fda.gov/Safety/MedWatch/HowToReport/default.htm</a> (form available to fax or email) or call FDA 1-800-332-1088.</p>
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We apologize for any inconvenience this communication may cause. We know that you place high value in our products, and we appreciate your cooperation in this matter. Cardinal Health is committed to maintaining your confidence in the safety and quality of the products that we supply.

Respectfully yours,

A handwritten signature in cursive script that reads "JoAnne Zwiers".

JoAnne Zwiers

Director, Quality Management



**Attachment 1 – Affected Lot Numbers**

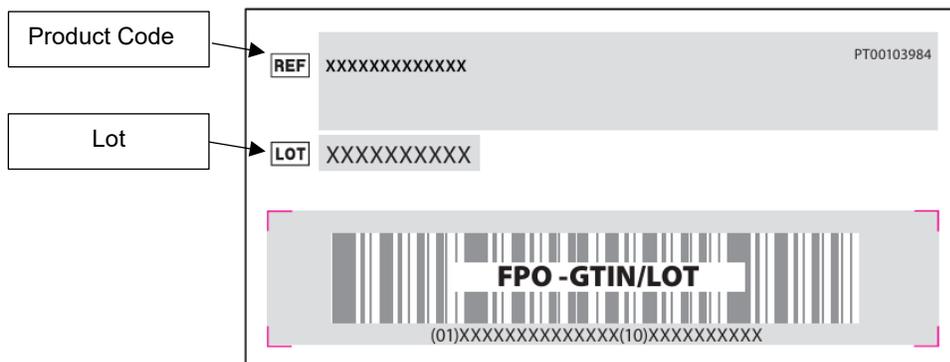
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25H065462	25J035262	25J065562	25K019762	25K021962	25K081962	25L029062	25L058162	25M047762	25M058962
25H066062	25J035362	25J065662	25K019862	25K022062	25K082062	25L029662	25L058062	25M047862	25M059062
25H066162	25J013662	25J065862	25K021062	25K063962	25L013962	25L029762	25M020862	25M048362	25M059162
25H066262	25J014562	25J064562	25K021162	25K064062	25L015162	25L029362	25M020962	25M048762	25M059262
25H066362	25J014662	25J064762	25K021262	25K064162	25K080562	25L044562	25M021062	25M047962	25M059362
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25J035062	25J065362	25K020862	25K020362	25K081562	25L028862	25L057862	25M030062	25M058762	

**Attachment 2 – Product Code and Lot Locations**

Inner carton product label impacted by this recall:



Case product label impacted by this recall:





CardinalHealth

CARDINAL HEALTH  
DATE: 03/02/2026  
FILE#: Event-2026-07625

**Urgent Medical Device Product Recall - RESPONSE REQUIRED**

**FAX COMPLETED FORM TO 614-652-9648 or email to [gmb-fieldcorrectiveaction@cardinalhealth.com](mailto:gmb-fieldcorrectiveaction@cardinalhealth.com)**

1. Did you read and understand the product recall notice on the Webcol™ Large Alcohol Prep Pads?  
 YES  NO
2. If the answer to #1 is YES, quantity of product on hand? Do you plan on returning the affected product as directed?  
 Indicate total quantity QTY: \_\_\_\_\_  
 Return?  YES  NO Return Date: \_\_\_\_\_  
 If no, explain your intention:  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Have you alerted any consignees that you may have distributed the product to?  
 YES  NO

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_  
 \_\_\_\_\_

Name/Title of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number: \_\_\_\_\_

**PLEASE FOLLOW INSTRUCTIONS ON THE ENCLOSED NOTICE**