# Technical Service Bulletin

## PATIENT MONITORS SYSTEMS

**Welch Allyn, Inc.**

4341 State Street Road

Skaneateles Falls, New York 13153-0220 USA

**Bulletin Type:** AS NEEDED

**Manufacturer:** Welch Allyn

**Date:** 2014-05-23

**SAP DIR #:** 20013862

---

**Subject:** TSB-CONNEX VM 2.0 .NET 4.0 REQUIREMENT

**Distribution Scope:** Welch Allyn Global Technical Support, Product, Field & Customer Service. WA ASP's

**Product(s) Referenced:** Connex VM

**SW Version:** 2.0

**Summary:** Version 4.0 of the .NET Framework software is required for the Connex VM software to install and operate correctly.

**Issue:** Later versions of .NET Framework software can cause Connex VM installation failure or a Connex VM software runtime error. The later .NET software versions (4.5.0, 4.5.1, and 4.5.2) are in-place updates which overwrite and replace the original 4.0 files.

Installing or upgrading to later versions of .NET is not recommended and can have undesirable results.

**Action:** Ensure that Microsoft .NET Framework version 4.0 is used on Connex VM systems.

**Reference to Standards:**

- 21 CFR Part 820, ISO 13485, MPD SOP-0002
Quality Documents:  

**All service centers using SAP to record service transactions:** For each product serviced, record the service activity in SAP.

**All other service centers and Field Service:** For each product serviced, complete and file a service report and attach to the service DHR.

Notes:

1. Contact the Welch Allyn Complaints Department to initiate or process a medical device complaint resulting from this or other issues.
2. Drawings, illustrations, and part numbers in this document are for reference purposes only and subject to change.

End of Bulletin

### Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Description</th>
<th>Change #</th>
<th>Init</th>
<th>Release Date</th>
<th>Appr</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Initial Release</td>
<td>D*</td>
<td>RJH</td>
<td>D*</td>
<td>D*</td>
</tr>
</tbody>
</table>

*D* SEE SAP DIR FOR CHANGE NUMBER, APPROVER NAME AND DATE OF APPROVAL