

Declaration of Contamination Status Certificate of Sterilization

Please ensure that this certificate accompanies **every return shipment**, RMA, Visual Evaluation, and **every** Repair Order.

Quantity	Item Number	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____

(*Use additional forms for more items*)

Purchase Order # _____ Date of PO _____

RMA # _____

I hereby declare that (mark the corresponding area) **one must be marked:**

The enclosed medical device(s) has **NOT** been in contact with blood, tissue, body substances or other body fluids and thus is hygienically safe.
This is confirmed by the signature (see below).

-OR-

The enclosed medical device(s) **HAS** been in contact with blood or other body fluids and is **USED**. This device has been thoroughly **cleaned/ brushed for removal of visible soils** and reprocessed in autoclave equipment according to the manufacturer's instructions, disinfected and sterilized.
This is confirmed by the signature (see below).

___ Cleaning and Disinfected automatic/ manual

___ Steam Sterilization 134° C

___ Cold Sterilization and Solution used _____

___ Other method (please specify) _____

-Only mark this if you could not sterilize item(s)

The enclosed medical device(s) **could NOT** be decontaminated (justification mandatory!)
(Returned medical devices intended for Credit will be assessed and a disposition will be determined as to whether your company/facility will be invoiced for the value of the instrument.)
(Receive approval prior to sending in)

Reason device could not be decontaminated

Signature

Date

Company/Facility Name

Phone and/or email

Print name and Title here

**If enclosed device(s) display evidence of USE and NO Evidence of Sterilization your company will be invoiced for the value of the instrument for 'Visual Evaluation' returns.
Also, RMA's and Repair Orders will be shipped back to you at your expense.**