

Declaration of Contamination Status /

Clearance Certificate of Hygiene



!!! Please fill out this form for each delivery, whether it is a return, product complaint or a repair order, and attach it to the **OUTSIDE** of the package. **!!!**

Item No.

Description: _____

Reason of back shipment: _____
(Failure description) _____

If possible

Packing list No. _____ dated of _____

I hereby declare, that (mark the corresponding area):

the enclosed medical product 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).

the enclosed medical device has been in contact during use with blood or other body fluids. The product was purified as per the current applicable requirements of hygiene in the reprocessing of medical devices as well as the manufacturer's instructions, disinfected and sterilized. This is confirmed by the signature (see below).

Cleaning and Disinfection automatic / manual

Steam sterilization 134 ° C

Other method (please specify) _____

the enclosed medical device could NOT be decontaminated (justification mandatory needed!) _____

Stamp of Organization

Date

Signature
(in block letters)

In case of non receipt of this document or a comparable certificate, we reserve the right to return the goods paid for by the recipient.

Please contact us for return shipment or if you have any questions:

Berger Surgical Medical Products GmbH

Take-off-Gewerbepark 4

D-78579 Neuhausen ob Eck

Tel.: 07467 / 94977-50

Mail: info@berger-surgical.de