Declaration of Contamination Status
Clearance Certificate of Hygiene

Please make sure, that this certificate accompanies **every** back shipment, reclamation and **every** order for repair.

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.