

## Certificate of Decontamination / Hygiene and safety clearance form

Please ensure that this certificate is attached EVERY product that is defined as one of the following:

**Contaminated returned goods are all products that were in contact with blood, secretions or other body excretions or with highly active pharmaceuticals (like cytostatics, radiopharmaceuticals etc).**

Product name: \_\_\_\_\_ REF: \_\_\_\_\_ LOT: \_\_\_\_\_

**I hereby confirm, that (please tick the appropriate box):**

- the attached inlying medical device did NOT come in contact with blood or other body fluids and thus is hygienically safe. This is confirmed by signature (see below).
  
- the attached inlying medical device did come in contact with blood or other body fluids during the application. The product has been purified and decontaminated in the following way:
  - Steam sterilization (3 min. at 134 °C or 15 min. at 121 °C)
  - Other method (please specify) \_\_\_\_\_
  
- the attached inlying medical device could **not** have been decontaminated and has been packaged without any risk of contamination.

**Justification:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return to the following adress:**

**MONDEAL Medical Systems GmbH**  
Am Gewerbering 7  
D.78570 Mühlheim a. d. Donau  
Tel. +49 (0) 7463 / 99307-0

**For further information, please contact your local customer service or consultant.**

\_\_\_\_\_  
Name/Department/Clinic stamp/Date/Signature/Telephone number