

## Infection prevention form

Please ensure that this form is included with **all** return shipments, defective goods claims and repair requests.

Please affix the document to the **outside** of the parcel.

Please pack the contents so that there is no risk of infection for our staff when they open the parcel.

### Return address

SCHMITZ u. Söhne GmbH & Co.KG

Zum Ostenfeld 13f

58739 Wickede (Ruhr)

Germany

Please enter here the return document number you received from us: \_\_\_\_\_

Quantity	Article number	Article name

### We hereby confirm that (tick appropriate box):

- the enclosed device / replacement part has **not** come into contact with blood, tissue, bodily substances or other bodily fluids and is thus hygienically safe.  
This is confirmed by the signature below.
- the enclosed device / replacement part has come into contact with blood, tissue, bodily substances or other bodily fluids during use. The device / replacement part has been cleaned, disinfected and, if necessary, sterilised in accordance with the currently applicable hygiene requirements for processing medical devices and with the manufacturer's instructions. This is confirmed by the signature below.

### Details on disinfection, cleaning and sterilisation (tick appropriate box):

- Surface disinfection:  
Name of disinfectant \_\_\_\_\_
- Other method (please specify) \_\_\_\_\_
- The enclosed device / replacement part could **not** be decontaminated.  
A reason must be given! \_\_\_\_\_  
\_\_\_\_\_

Place, date

Signature and company stamp

*If we do not receive this document or a comparable declaration, we reserve the right to charge a fee to process the goods or to refuse acceptance.*