

Valid only for the European Union – 3T Deep Disinfection Request Form

IMPORTANT: submit a Deep-Disinfection Request Form ONLY when test results are available

Hospital Information

Hospital name	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Zip	<input type="text"/>
Country	<input type="text"/>

Local Contact Information

Contact person name	<input type="text"/>
Contact person title	<input type="text"/>
Contact person e-mail	<input type="text"/>
Contact person phone	<input type="text"/>

Check this box to verify the Person entering the information is the same filling all following sections of this module.

Additional information requested to assess prioritization

Do you have confirmed M. chimaera contaminated 3T devices? yes no

For any M. chimaera confirmed contaminated 3T device, do you have documented results? yes no

Do you have 3T devices contaminated with M. chimaera? yes no

Have you performed cleaning and disinfection according to the manufacturer's instructions? yes no

Can you provide evidence about your local cleaning and disinfection procedure? yes no

Are your 3T devices outside the OR? yes no

Do you have Heater-Cooler devices in use other than 3Ts? yes no

Total number of Cardiac Operating Rooms in use?

Total number of annual open heart procedures (estimated)

Please describe the M. chimaera contamination risk

Heater-cooler devices that require Deep-Disinfection Service

Please fill in S/N and Manufacturing date information for each heater cooler device for which you would like to request a Deep-Disinfection service

Request #	Part number	S/N	Manufacturing Date	Complaint Submitted (Yes/No)	If submitted - Complaint #	If submitted - M. chimaera confirmed (Yes/No)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

IMPORTANT: complaint # and test results to prove M. chimaera contamination in order to access to the service free of charge and with a high priority.

If patient infections are known please provide the type of adverse event and current patient status:

Would you ideally need a loaner device? yes no

Do you anticipate delaying surgeries due to this Field Safety Notice Update? yes no

If a loaner is not available when your Deep-Disinfection request can be prioritized, would you be willing to proceed anyway with Deep-Disinfection? yes no

Any additional notes regarding your 3T devices, request for deep-disinfection and eventual loaner request

By typing my name I certify that the information contained herein is true and accurate

Date (dd/mm/yyyy)

Name

Click here to [SAVE](#) completed Form

Please e-mail completed form to: sorin.fsn@stericycle.com