

ICPG1: SECTION 3 - INFECTION PREVENTION & CONTROL IN CLINICAL PRACTICE
Appendix 2 (April 2021)

From (consignor): _____	To (consignee): _____
Address _____	Address _____
_____	_____
_____	_____
Reference _____	Reference _____
Emergency tel _____	

Type of equipment _____ Manufacturer _____

Description of equipment _____

Other identifying marks _____

Model No. _____ Serial No. _____

Fault _____

Is the item contaminated? Yes* No Don't know

* State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard _____

Has the item been decontaminated? Yes† No‡ Don't know

† What method of decontamination has been used? Please provide details

Cleaning _____

Disinfection _____

Sterilization _____

‡ Please explain why the item has not been decontaminated?

Contaminated items should not be returned without prior agreement of the recipient

This item has been prepared to ensure safe handling and transportation:

Name _____ Position _____

Signature _____

Date _____ Tel _____