



**Provide a reprocessing plan:**

Include itemized instructions for cleaning, disinfection and the products to be used for reprocessing the device between patient uses.

**Assessment:**

Requestor to seek **comment** from resource / consultants concerning proposed device, comment should be attached or completed below, and signed off by the resource person

**Operations (End User): Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Consider the instructions for cleaning and safe handling of this device and comment on whether the process will impact workflow or resources and how any impact will be addressed.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Biomedical Engineering: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Will the device impact functionality or integrity of the medical equipment in the vicinity of use? Please provide direction on monitoring and determination of device safety.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

