

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 reprocessing instructions impact the functionality of the device? If reprocessing will impact functionality or integrity of the device materials, please provide direction on monitoring and determination of device safety.

Signed: _____ Date: _____

Infection Control: Name: _____ **Phone:** _____

Is there any Infection Control or specific directions concerning the device being used for this research project?

Signed: _____ Date: _____

Request to committee:

Please consider approval of this application to use, clean and disinfect this device as indicated in VCH facilities for the duration of this research project.

Signed: _____ Date: _____

Department: _____

Title: _____

Research and Variance Committee comment / decision: (office use only)
Date: _____