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## **For reassignment please note this!**

- Loan instruments back
- Instruments back for repair

**Please complete this form and enclose it to your reassignment.**

**We hereby confirm the correct disinfection, cleaning and sterilisation of the (loan) instruments enclosed.**

Instruments:	Certificate/label:
Hospital (address):	
Department:	
Responsible:	
Date, Stamp, Signature:	

Status: 12.02.2019