



Declaration of Contamination Status

Local forms can be supplied as an alternative as long as all the required information is supplied.

Product / Item Description		Product / Item Identification			
From Customer Site					
Address					
Contact Name					
Emergency contact number		Contact e-mail			
Have any of the items been contaminated	Yes *	No	Don't Know	Please circle	
*State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material or any other hazard					
Have the product/items been decontaminated	Yes †	No ‡	Don't Know	Please circle	
† What method of decontamination has been used? Please provide details					
Cleaning					
Disinfection					
Sterilization					
‡ Please explain why the items have not been decontaminated					
Signature of person completing the form				Date	
Print Name		Job Title			
By signing this form you are confirming that all of the information is correct and accurate to the best of your knowledge at the time of approval.					
NO PRODUCT/ITEMS ARE TO BE RETURNED WITHOUT COMPLETING THIS FORM AND THE PRIOR AGREEMENT AND KNOWLEDGE OF OWLSTONE MEDICAL LTD.					
ALL ITEMS MUST BE RETURN SUITABLY PACKAGED AND IDENTIFIED WITH THE ISSUED RMA NUMBER.					
Review By Owlstone Medical		RMA Number		Issued by	
Date		Signature		Name	
Service Manager		Date		Signature	
Health and Safety Manager		Date		Signature	

Completed forms to be handled in accordance with OWL-QP- 44