

Your internal order number: _____

Please make sure that this certificate is enclosed in the box of each repair order. We would like to point out that **eye cannulas** of all types, **irrigation / aspiration handpieces** (bimanual and coaxial), **tonometer, manometer, medical bipolar devices** and **-cables** can NOT be repaired. **The repair of third-party products as well as medical devices that have not previously been reprocessed and sterilized by a suitably validated procedure are excluded from our repair service.**

Bausch + Lomb Storz® Ophthalmic Instruments to be repaired

Cutting instruments

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Forceps

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Eye scissors

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Clamps, needle- and bladeholders

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Blunt instruments

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Other instruments

- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____
- Qty.: __ Article: _____ LOT: _____

Declaration of hygiene status and reprocessing *please tick accordingly*

I hereby confirm, that

- attached medical devices have **NOT** come into contact with potentially infectious material and are therefore hygienically safe.
- attached medical devices have come into contact with infectious material during use. They were reprocessed and sterilized by a suitable validated procedure:
 - according to the corresponding Bausch + Lomb reprocessing instruction
 - according to another procedure: mechanically manually

Cost estimate *please tick accordingly*

- Please send me a quotation before the repair via e-mail.
- The repair should be carried out without a prior cost estimate.

Contact information

First name, Surname

E-Mail

Phone

Customer-ID

Name and address of the medical facility

Stamp

Date, Signature

General data protection consent

With your signature, the above declaration of consent with the detailed explanations on data processing and data usage given below for the processing of the repair order becomes part of the application. You are entitled at any time to ask Bausch & Lomb GmbH for extensive information on the data stored about your person. You can at any time ask Bausch & Lomb GmbH to correct, delete and block individual personal data. Moreover, you can make use of your right of objection at any time without stating reasons and modify or revoke the given declaration of consent with effect for the future. You can submit the cancellation either by post, by e-mail or by fax to the contracting party. You will incur no other costs than the postage costs or the transmission costs according to the existing base rates.