|  |  |  |  |
| --- | --- | --- | --- |
| **STEP 1: COMPLETE YOUR DETAILS (PLEASE FILL OUT ALL FIELDS COMPLETELY)** | | | |
| Date | **13 -09 -2023** | | |
| Company Name | HNE Clinical Technology, John Hunter Hospital | | |
| Contact Person | Steven Bradbury | | |
| Contact’s email address | steven.bradbury@health.nsw.gov.au | | |
| Contact’s phone number | ( 02 ) 492 13144 | | |
| Return shipping address | Contact: Biomedical Engineering - Steven Bradbury  Address: Level 1, John Hunter Hospital, New Lambton Heights, NSW 2305 | | |
| Billing address | Company: HNE Clinical Technology  Address: Level 1, John Hunter Hospital, New Lambton Heights, NSW 2305 | | |
| **STEP 2: COMPLETE YOUR DEVICE DETAILS (PLEASE USE A SEPARATE FORM FOR EACH DEVICE)** | | | |
| Item/Model number | CADD Solis VIP / 2120 | | |
| Serial number | 1255085 | | |
| Warranty | □ NONE □ WARRANTY □ CONTRACT □ PLACEMENT □ DON’T KNOW/NOT SURE | | |
| Fault description | PM due. | | |
| **STEP 3: CHOOSE YOUR COVER (CHECK IF YOUR DEVICE IS ELIGIBLE FOR FIXED PRICE BEFORE SELECTING)** | | | |
| For a device to be eligible for fixed-price repair, ***the device must be sent with a valid PO.***  The device must also **meet *at least one*** of the following criteria:   * ***Device is less than 7 years old*** * ***Device has been serviced at Smiths within the last 3 years***   Any old devices that will require 4 or more major parts could be declared as Beyond Economical to Repair (BER). Customers will be informed of their options. | **Device** | **Fixed Price (AUD excl. GST)** | **Preventative Maintenance** |
| **CADD Solis** | □ **$675** | □ **$240** |
| **CADD Legacy (all models)** | □ **$440** | □ **$250** |
| **Medfusion 4000** | □ **$600** | □ **$270** |
| **Medfusion 3500** | □ **$480** | □ **$240** |
| **ParaPac Plus** | □ **$550** | □ **$275** |
| **HLTA-40/DSTA-40** | □ **$358** | □ **$358** |
| **BabyPac** | □ **$700** | □ **$275** |
| **H1200** | □ **$699** | □ **$440** |
| **HL-90/Equator/L1-CW**  **(Send hose with device)** | □ **$480** | □ **$240** |
| □ **My device is not listed (Proceed to step 5, PO is not required at this time.)** | | |
| □ **My device isn’t eligible for fixed priced and I require a quotation (PO not required at this time)**  **Device will be quoted based on what parts need replacing and labour required** | | |
| **STEP 4: INDICATE YOUR PURCHASE ORDER NUMBER (SKIP STEP 4 IF QUOTE IS REQUIRED)** | | | |
| PO number for repair  **\*Please ensure P/O is sent with the device\*** |  | | |
| **STEP 5: SEND YOUR DEVICE, PURCHASE ORDER, *COMPLETED DECONTAMINATION FORM* AND SERVICE REQUEST FORM TO THE ADDRESS BELOW** | | | |
| ICU Medical, Unit U, 10-16 South Street, Rydalmere, NSW 2116, Australia. | | | |
| **SIGNATURE\*\*By signing you are agreeing to the terms and conditions - I agree and understand that if I choose not to have the device repaired or have not responded after 10 days after quote, I will be invoiced $120 plus GST return fee\*\*** | | | |
| Sign here: | | | |

**Safety regulations for service work on ICU Medical Products**

**Information on the Decontamination Form**

Dear Sir or Madam,

As a result of legal requirements and as part of expanded guidelines and standards, as a manufacturer and service provider, we are obligated to comply with safety regulations for protecting our employees and operating facilities. When implementing protective measures, we rely on your cooperation. To protect our employees, we request that, before you send to us any medical equipment for service and repair, please carry out a thorough decontamination of the medical device.

On the following page, you will find our Decontamination Form. Please complete the form, sign it, and enclose it together with your Request for Service Form. The Decontamination Form will serve as a declaration of conformance to the Australian Dangerous Goods Code when transporting medical devices to our Service Centre.

Yours faithfully,

**David Burke**

**ANZ Service Manager**

Users/tmccall/Library/Containers/com.microsoft.

Unit U,

10-16 South Street

Rydalmere, NSW 2116

Australia

Phone: +61 (2)8335 1009

Mobile: + 61 (0)488 143 189

[www.icumed.com](http://www.icumed.com/)

**EQUIPMENT DECONTAMINATION FORM**

**The completion of this form assists ICU Medical in maintaining compliance with the Australian Dangerous Goods Code. Failure to complete and enclose this form with all returned equipment may result in ICU Medical being unable to process the equipment further.**

CUSTOMER / HOSPITAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE OF DISINFECTION AGENTS**

**A low-level alcohol (70%) kills most bacteria and is designed to minimise infection from blood, human substances, or cytotoxins. WARNING: Avoid the use of concentrated alcohol on plastic parts. Other acceptable disinfection agents are:**

* Milton Antibacterial Solution
* Household Disinfectant eg. Diluted Pineoclean, dettol
* 10% Bleach Solution

|  |  |  |
| --- | --- | --- |
| **No.** | **Equipment Name** | **Serial Number** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |

**Declaration of Decontamination**

**The list of equipment above has been decontaminated prior to dispatch to ICU Medical. The signature of the person below will form as declaration of the decontamination of the listed equipment.**

Disinfection Agents used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Customer / Hospital Stamp:

(if available)