

Please ensure that this certificate is provided with EVERY product claim and

EVERY return!

Article name: _____ Item no.: _____ LOT/SRN: _____

We hereby confirm that:

☐ that the enclosed medical device has NOT come into contact with blood or other body fluids
contact and is therefore hygienically safe.

☐ that the enclosed medical device during use with blood or other
has come into contact with body fluids. The product has been cleaned and
decontaminated as follows:

☐ Steam sterilization (3 min. at 134 °C, or 10 min. at 132 °C)

☐ Other procedure (please specify) _____

☐ wipe disinfection

☐ that the enclosed medical device could NOT be decontaminated
Reason:

Return to the following address:

FIMA- CouronneTEC GmbH & Co. KG

If you have any questions, please contact:

Name: _____

Date: _____

Signature _____

Name / Date / Signature / Company stamp

Created by: C. Elsner, Qualyconsult	Changed:	Checked: Mattias Finzelberg	Release: Mattias Finzelberg
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