Kaufmännische Direktion
Postfach 2306
D-91012 Erlangen
Equipment Management Department

Uniklinikum Erlangen

Attachment for order no.: _____
Position no.: _____

This form shall be filled out by the supplier and **included in the invoice!**
- See letter head for billing address -
The contract is only considered fulfilled when all required points are answered completely!
The payment of the invoice can therefore be made only after receipt of this form.

❶ Device master data – general data

Ident no.: _____ *(issued by hospital)*

Manufacturer: _____ Service no.: _____
Device designation: _____ Month/Year of built: _____ / _____
Model/Type: _____ CE certification: _____
Serial no.: _____ Installed software: _____
Manual: version: _____ Software version: _____
(for additional software packages installed, use supplement sheet

☐ Already existent
☐ Sent to gebrauchsanweisung@uk-erlangen.de
☐ Download at http://_____

❷ Device classification

☐ Non-medical use
☐ Medical use (see points 4 - 6): ☐ MD (Medical device) ☐ IVD (in vitro diagnostic)

UDI:_____

❸ Servicing (periodic inspections):

(Manufacturer's data according to operating instructions)

☐ None
☐ Safety inspections every _____ months
☐ Measurement inspections every _____ months
☐ IEC 62353 every _____ months
☐ Maintenance obligation ☐ Maintenance recommendation every _____ months
Other inspections pursuant to: _____ every _____ months

Please include a supplement for the scope and times of the periodic inspections!

☐ None ☐ Number of supplements (esp. accident prevention): _____

Additionally for devices in medical use

❹ Internal storage of patient data (According to IEC 80001-1)

☐ No internal data carrier ☐ no storage ☐ temporary storage ☐ permanent storage

❺ Data on submission an initial instruction

Functional test for initial commissioning was performed on: _____
by: _____ signature: _____
Whereby the instruction manual in the German language was given to the person responsible for the device or their representative _____
By _____the following persons were selected based on the instructions for use into the operation of the device.

Name of the instructed persons (in block letters):	Signature instructed person:

❻ Signature medical device consultant: _____

(Certifies the correctness and completeness of the information, in particular the scope of the periodic inspections)