



# Decontamination declaration

This declaration has to be included with all returns of devices and accessories! For on-site service at customer's location the declaration has to be sent to LUM in advance!

If a return does not contain this declaration, a decontamination will be carried out and charged.

If the declaration is not received by LUM before the service personnel departs, no on-site service will be carried out.

Please fill in using block letters:

First name, last name: \_\_\_\_\_

Organisation / company: \_\_\_\_\_

Street: \_\_\_\_\_

ZIP: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Pos.	Quantity	Decontaminated object	Serial / order no.	Description and comment

Did the listed parts come into contact with the following materials?

Check relevant:

Health damaging liquid solutions, buffers, acids and alkalis

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Potentially infectious agents

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Organic reagents and solvents

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Radioactive substances -Radiation type:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
$\alpha$	$\beta$	$\gamma$

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Health damaging proteins

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

DNA.....

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

Did these materials find there way into / on the device and / or the accessories?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
--------------------------	-----	--------------------------	----

If so, which? \_\_\_\_\_

Description of the measures for decontamination of the listed parts:

---



---



---



---



---



---

I confirm, that proper decontamination was carried out.

Signature of the authorised person: \_\_\_\_\_

Company / Department

Location and date