

Clearance certificate form

for(Serial number) Medium used:

	Yes	No	Please define in case of YES
Blood, bodily fluids, patholog. samples:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other hazardous biologic substances:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Biologically-degradable materials which can pose a risk:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Chemicals containing substances harmful to health:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Radioactive materials:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other hazardous and toxic substances:	<input type="checkbox"/>	<input type="checkbox"/>	_____

We hereby declare that

- the unit has been carefully cleaned and decontaminated prior to shipment
- no risks resulting from contamination exist
- we are aware that liability claims can be made against us in the event of damage being caused by contaminated units.

Address of sender:

Name: _____

Date: _____

Signature: _____