



Loaner Communication Record

Manager of Health Services (MHS) / Medical Device Reprocessing (MDR) Department to Complete the Following:

Name of Instrument, Set or Implant Requested: _____

Device Requested by: _____ Date Requested: _____
Print Name Signature

Vendor Company Name: _____

Scheduled Procedure Date/Time: _____ Shipped To (location): _____

Logistics Supply Chain Management (LSCM) Physical Plant Department to Complete the Following

P.O. Number _____ No. of packages received: _____

Received by LSCM/Maintenance Staff Signature: _____

Date/Time Received: _____ Date/Time Delivered to MDR: _____

Received by: _____
MDR Name MDR Signature

MDR Department to Complete the following with an Operating Room Nurse

MDR Staff and OR CRN Signature: _____

<input type="checkbox"/> See Inventory list, attach to form List all sets/Components	Date Received	Date Returned
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Assembly /Disassembly instructions provided and a copy attached: YES NO

Manufacturer's instructions provided and a copy attached: YES NO

Containers Provided: YES NO Pictures Provided: YES NO

Sterilizer # _____ Temp: _____ Exposure Time _____ Drying Time _____

Date: _____ Initial: _____



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Comments/Issues:

Loaner Communication Return Record:

MDR Department and Operating Room CRN to complete the following:

Complete the return date on list located on Page 1. If items are missing, notify the MHS OR/MDR
Device prepared for safe handling by MDR Staff Signature: _____
Devices double checked inventory of items by MDR/CRN: _____
Device forward to LSCM/Physical Plant date: _____ TO: _____

(LSCM) Physical Plant Department to Complete the Following (If vendor picking up)

Vendor/Supplier Signature _____ Date/Time: _____

(LSCM) Physical Plant Department to Complete the Following (If Shipped):

Vendor/Supplier Name Shipped to: _____
Vendor/Supplier Contact Name: _____
Method of shipping: _____ Tracking No (as applicable): _____
Device Shipped by Staff Signature: _____ Date Shipped: _____

**Upon completion of this form, return to the CSM/MDR Department for filing in the
"Loaner Communication Binder"**