

McLaren Flint
Main OR and SEC
SPD DEPARTMENT LOANER CHECK-IN FORM

SPD COMPLETES THIS SECTION - Please print

Date Delivered: _____ Time Delivered: _____ Received By: _____

VENDOR COMPLETES THIS SECTION - Please print

Vendor Name: _____ Case Type: (Hip, Knee, Spine, etc.) _____

Set Description: (Exactly what is on the container that it came in/name of item if individual)

- | | |
|-----------|--|
| 1. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. _____ | Implants: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Tray Complete _____
(Signature)

RECEIPT INFORMATION

Delivered By: _____ Phone: _____

Cleaning/packaging/sterilization IFU included? Yes No Comments: _____

Count Sheet Included? Yes No Comments: _____

CASE INFORMATION

Physician Name: _____ OR Room#: _____ Case Date: _____

Case Identifier: _____ Case Time: _____

LOANER RETURN INFORMATION/LOANER MISSING ITEMS

SPD Staff Contacted: _____ Name of Person Who Picked Up: _____

Pickup Date/Time: _____ All Items Accounted For: Yes No

Item Missing: _____

Original copy of form goes in the Loaner Form Binder and remaining copy goes with loaners.

Facility will not reimburse for any item that vendor claims is missing when any vendor fails to provide an inventory sheet and does not complete this form.