

Valid only for the US – 3T Deep-Cleaning Service Request Form

Hospital Information

Hospital name

Address

City/STATE/ZIP

Zip

Country

Local Contact Information

Contact person name

Contact person title

Contact person e-mail

Contact person phone

Check this box to verify the person entering the information is the same as the contact person information above.

Additional information requested to assess prioritization

Do you have suspected or confirmed M. chimaera contaminated 3T devices?

yes no

Do you have Heater-Cooler devices in use other than 3Ts?

yes no

Heater-cooler devices that require Deep-Cleaning Service

Please fill in S/N for each Heater-Cooler device for which you would like to request a Deep-Cleaning service

Request #	Part number	S/N	Complaint Submitted (Yes/No)	If submitted - Complaint #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

By typing my name I certify that the information contained herein is true and accurate

Date (dd/mm/yyyy)

Name

Click here to [SAVE](#) completed form

Please email completed form to: 3T.US@livanova.com