

U.S. 3T Loaner Request Form

Healthcare Facility Info

Hospital name

Address

City

State

Zip

Local Contact Info

Contact person name

Contact person title

Contact person email

Contact person phone number

Check the box below to verify the Person entering the information is the same as the information in this section.

Heater-Cooler Information

3T serial number(s) *separate with commas*

Additional information requested to assess prioritization (optional)

Do you have Heater-Cooler devices in use other than 3T's?

Total number of Cardiac Operating Rooms in use

Total number of annual open heart procedures *(estimated)*

Have you previously submitted a complaint to LivaNova or the FDA regarding suspected contamination, patient infections, or other patient impact related to the 3T Heater-Cooler?

Do you anticipate delaying surgeries due to the FDA/CDC notifications?

If yes please describe

Any additional notes regarding your 3T devices and request for a loaner

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

Click Here Save Completed Form

Please e-mail completed form to: Sorin6564@SteriCycle.com