ADDRESSOGRAPH

NORTHSIDE HOSPITAL

AFFIX PATIENT LABELS OVER THIS BOX

BAR CODE MUST FALL BETWEEN THESE LINES

EXCEPTION FORM FOR PREMATURE RELEASE OF IMPLANTABLE DEVICE/TRAY

NOTE: This form should be completed when an implantable device is released from quarantine prior to the biological monitor result. The form should accompany the implant to the Operating Room, Operating Room personnel should complete the form, have the Surgeon sign the form, and route copies of the form as indicated below.

DATE: _____ **TIME:** _____

The following implantable devices/trays were prematurely released to the Operating Room:

_____

_____

_____

Device/Tray was processed using: ☐ IUSS ☐ Terminal Sterilization

NAME OF OR PERSON REQUESTING PREMATURE RELEASE OF DEVICES:

_____

SURGEON NAME: _____

DATE OF PROCEDURE: _____ TIME OF PROCEDURE: _____

REASON PREMATURE RELEASE WAS NEEDED:

_____

_____

_____

_____

WHAT COULD HAVE PREVENTED PREMATURE RELEASE OF THIS DEVICE/TRAY?

_____

_____

_____

_____

_____ _____

Surgeon Signature Date/Time Signature (Person Completing Report) Date/Time

Not a Permanent Part of the Medical Record

SAMPLE