

Purchasing Medical Devices Optional Tracking Checklist for ICPs

Note: Completion of this IPC tracking checklist is an optional tool for Infection Prevention and Control Professionals to use if they want to record their participation in the [purchasing medical devices suite of information sheets](#).

Best practice recommendations

Information			
Requesting site / facility and department:			
Name of end-user responsible for purchase:			Phone:
Type of request: Purchase <input type="checkbox"/> Evaluation <input type="checkbox"/> Other <input type="checkbox"/>		Request Priority: Routine <input type="checkbox"/> Urgent <input type="checkbox"/>	
Start date:		Completion date:	
Name of product / equipment (including Model Number). Refer to page 2 for additional space:			
Spaulding Classification Ask the end-user if they have consulted key subject matter experts			
Non-Critical <input type="checkbox"/> Potential subject matter experts include LES	Semi-Critical <input type="checkbox"/> Potential subject matter experts include MDRD	Critical <input type="checkbox"/> Potential subject matter experts include MDRD	Reprocessing Equipment <input type="checkbox"/> e.g., thermal disinfectors and sterilizers Potential subject matter experts include MDRD and FME
Will the critical or semi-critical medical device or equipment be used according to the manufacturer's intended use?			
Name:		Date:	
Signature:			
Additional IPC recommendations e.g., problems with MIFU, discussions with MDR, networking requirements (IT):			

Legend

End-user means requester, purchaser, and authorizer of purchase
FME: Facilities, Maintenance and Engineering
IPC: Infection Prevention and Control
IT: Information Technology
MDRD: Medical Device Reprocessing Department
MIFU: Manufacturer's Instructions for Use

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Version	Date (YYYY-MM-DD)
Created	2019-05-01
Revised	2024-06-12

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Table 1 Component Information

List all components required with this purchase		Indicate component reusability	
ID	Component name / descriptor	Reusable	Single use
a.		<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>
d.		<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>
f.		<input type="checkbox"/>	<input type="checkbox"/>
g.		<input type="checkbox"/>	<input type="checkbox"/>
h.		<input type="checkbox"/>	<input type="checkbox"/>
i.		<input type="checkbox"/>	<input type="checkbox"/>
j.		<input type="checkbox"/>	<input type="checkbox"/>
k.		<input type="checkbox"/>	<input type="checkbox"/>
l.		<input type="checkbox"/>	<input type="checkbox"/>



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