



**Queensland
Government**

**Sterility Validation Tracking
and Prosthesis Used**

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Sterility validation tracking (place batch labels below) Date:

DO NOT WRITE IN THIS BINDING MARGIN

PERIOPERATIVE COUNT RECORD Sterility Validation Tracking & Prosthesis Used

v3.00 - 10/2017
Mat. No.: 10243649



SW215

Affix electrosurgical validation sticker here (if applicable)



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Government**

**Sterility Validation Tracking
and Prosthesis Used**

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Prostheses used (place prostheses stickers or complete details below)

Date:

Description:	Description:
Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
Product number:	Product number:
Description:	Description:
Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
Product number:	Product number:
Description:	Description:
Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
Product number:	Product number:
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Quantity used:	Quantity used:
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Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
Product number:	Product number:
Description:	Description:
Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
Product number:	Product number:
Description:	Description:
Quantity used:	Quantity used:
Lot / Batch no:	Lot / Batch no:
Serial no:	Serial no:
Brand / Company:	Brand / Company:
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