

# Medical Device Traceability Record Sheet

## DEVICE INFORMATION

Device Name		Model/Type	
Serial/Lot Number		Manufacturer	
Date Received		Date Issued	

## PATIENT / APPLICATION DETAILS

Patient Name / ID		Procedure	
Date of Use		Department / Location	
Healthcare Professional		Signature	

## SUPPLEMENTARY INFORMATION

Remarks			
Traceability / Reference No.		Date Recorded	