



Queensland
Government

Sterility Validation and Prosthesis Utilisation

Facility:

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Sterility Validation (place batch labels below)

Date:

Available from Winc
- Code 1NY31161

DO NOT WRITE IN THIS BINDING MARGIN

v4.00 - 05/2024
WINC Code: 1NY31161



SW215

Affix electrosurgical validation sticker here (if applicable)

PERIOPERATIVE COUNT RECORD Sterility Validation and Prosthesis Utilisation



**Queensland
Government**

Sterility Validation and Prosthesis Utilisation

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

Prostheses Utilised (place prostheses stickers or complete details below)

Date:

Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted
Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted
Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted
Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted
Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
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Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted
Description:	Description:
Product number: Quantity:	Product number: Quantity:
Site:	Site:
Brand/Company:	Brand/Company:
Lot/Batch number: Serial number:	Lot/Batch number: Serial number:
<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted	<input type="checkbox"/> Implanted <input type="checkbox"/> Explanted <input type="checkbox"/> Opened, not implanted

Patient implant card completed: Yes No Exempt

As per Therapeutic Goods Administration, a Patient Implant Card (PIC) is used to record the details of the specific device that the patient has implanted. It must include the name and model of the device, the batch, lot, or serial number of the device, and the manufacturer's name, address, and website. More information can be found at [Therapeutic Goods Administration \(TGA\)](#).

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