



Flexible Endoscope Disinfection-sterilization Tracking Form

*This form is for a used flexible cystoscope/ureteroscope as it travels from decontam to SPD for sterilization.

Equipment used: Check the equipment that applies:

- Flexible Cystoscope Serial # _____
- Flexible Ureteroscope Serial # _____
- Other _____ Serial# _____

IN OR DECONTAM ROOM:

Name Of Person Disinfecting Scope: _____

Physician name: _____

Procedure: _____

Disinfectant used: VALSURE ENZYMATIC CLEANER

LOT # _____ EXP DATE: _____

Temperature: < 140°F

OR STAFF:

Take form along with flexible cystoscope/ureteroscope to SPD.

IN STERILE PROCESSING DEPARTMENT:

Attach STERRAD sterilization duplicate printout on the right →

SPD STAFF:

Place this form in Flexible Cystoscope/Ureteroscope binder.

**ATTACH STERRAD CYCLE
PRINTOUT HERE**

**(Initial printout that you verified
cycle parameters)**

PATIENT LABEL