DukeMedicine

NON-DUKE OWNED MEDICAL EQUIPMENT RELEASE FORM

DATE: ____________

MANUFACTURER: ____

DEVICE TYPE: ____

MODEL NUMBER: ____

SERIAL NUMBER: ____

I have chosen to use medical equipment that is not owned by Duke University Health System (DUHS).

I understand that DUHS will not verify that the equipment is functioning to manufacturer specifications. These specifications may include, but are not limited to general safety, alarm functions (settings, actuation, volume, etc.), flow accuracy, pressure accuracy, etc.

I/the Patient/ Legal Guardian am fully responsible for the operation and maintenance of the equipment while in the hospital and I have contact information for maintenance/ support of my equipment, as follows:

Telephone Number for Maintenance/Repair: ______________________________________

Company and Representative Name (Print legibly): ________________________________

I have received training previously in the proper operation and maintenance of this device. I have requested that I be permitted to use this non-DUHS device while an inpatient in Duke University Hospital. I agree to take full responsibility for this device, including proper use. I understand that I am to report to my nurse any malfunction of the device, and that I am responsible for asking for a DUHS owned replacement if needed, which might not be of the same type, model, or therapeutic settings due to device design. In return for being permitted to use the non-DUHS device, I agree that DUHS, Duke University, the Private Diagnostic Clinic, and all officers, employees, students, and staff shall not be responsible or liable for any known or unknown injury or event resulting from my use of this device.

______________________________	______________________________
Patient Name (Print)	Date
______________________________	______________________________
Patient Signature	Nursing or Respiratory Therapy Signature
Parent or Guardian Signature (If minor patient or under guardianship)	

Comments:____

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Please place form in patient's medical record.