

**DEPARTMENT OF VETERANS AFFAIRS**

**S&R DIVISION**

**1st AVENUE, BLDG 37**

**HINES, IL. 60141**

DATE \_\_\_\_\_ PO# \_\_\_\_\_

MEDICAL CENTER \_\_\_\_\_

MEDICAL CENTER NUMBER \_\_\_\_\_

MODEL \_\_\_\_\_ S/N \_\_\_\_\_

Has the item been cleaned/sterilized Yes/No

Method of Sterilization \_\_\_\_\_

DESC. Of PROBLEM \_\_\_\_\_

POINT OF CONTACT (POC) \_\_\_\_\_

E-MAIL Address \_\_\_\_\_

PHONE # \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

*If there are any questions, please contact us at:*

**(708) 786-7670**

*Or visit us on the WEB at:*

<http://www.va.gov/OAL/government/sdc/endscope.asp>