

VENDOR REPRESENTATIVE LETTER OF UNDERSTANDING

We, the undersigned, have been provided a copy of the Detroit Medical Center Policy on Relationship to Vendors, Policy No.: 2-MRMPRO 607.

We understand that it applies to all representatives and/or subcontractors of our firm as it pertains to business conducted by our firm and/or its subcontractors at the Detroit Medical Center.

We agree to abide by all policies and provisions stated in the Policy and Procedures.

We understand that it is our responsibility to submit a new form to notify the Detroit Medical Center whenever a representative or subcontractor is assigned or disallowed to conduct business by our firm at the Detroit Medical Center. We also understand that a new form must be submitted on an annual basis for each representative.

Vendor’s representatives are prohibited from participating in and administering patient care to patients in any patient care area at the DMC. In specific cases where a doctor or a nurse requires the representative’s presence, it will be limited to technical or instructional consultation for service or product purposes only, and will be limited to the duration of time when the service is being rendered or product is being used. The representative will adhere to the guidelines found in the document, “*Vendor Requirements for Conduct in the Operating Rooms and Invasive Procedure Suites*”. The guidelines can be obtained from the Operating Room or Invasive Lab Suite. A representative who has the vendor’s authorization to act as consultant on the vendor’s devices:

- must provide written proof from the vendor of their authority to act in a technical or consultation capacity
- In order to prevent the spread of communicable diseases, vendors are asked to refrain from entering these areas if they have, or feel they may have, a communicable disease (such as influenza, cold, chicken pox, shingles).
- In addition, vendors are asked to provide proof of annual TB (Tuberculosis) testing (either negative, PPD, or chest x-ray, as appropriate). A note from a physician or from the company will be considered adequate proof. This proof will be provided each time they enter the procedural suite. It is the responsibility of the vendor to produce this verification and maintain it annually.

The patient will be informed that a medical representative will be in the room, and this information will be noted in the peri-operative record.

At no time will a vendor in an Operating Room Suite or an Invasive Procedure Suite be allowed to “scrub in” on a case, touch a patient, manipulate a device while on a patient, operate any equipment during a procedure, or open sterile packages in the sterile field.

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| Vendor Representative’s Name | Company Name |
| Vendor Representative’s Signature | Address |
| Vendor Representative’s Phone | City State Zip |
| Immediate Supervisor’s Name | Immediate Supervisor’s Signature |
| Immediate Supervisor’s Title | Immediate Supervisor’s Phone |
| PLEASE REMOVE VENDOR REPRESENTATIVE | Date |