



Dear customer,

Please describe the reason for the return as accurately as possible so that we can process your return as quickly as possible. Unfortunately, we are unable to process your return unless a reason is provided. Thank you for your understanding in this matter. Please send us the goods in their original condition and in the original packaging.



Repair



Return for rental equipment

Address / contact info

Name:		Zip code:	
E-mail:		Area:	
Tel:		Country:	
Company / clinic / practice:			

Item data

Item description		Item No.	
Purchase date		pieces	
Invoice No.		Batch No.	
		Serial No.	

Hygiene information with regard to returns

The German Medical Devices Act (MPG) and Medical Devices Operator Ordinance (MPBetreibV) specify numerous legal requirements for the reprocessing of used medical devices. Since these medical devices can be a source of infections in humans, it is essential that they are prepared properly and professionally; especially before transport. I hereby confirm that (check the appropriate box(es)):

<input type="checkbox"/>	the enclosed medical device has NOT come into contact with blood or other bodily fluids and is therefore hygienically safe. I have confirmed this by signature (see below).
<input type="checkbox"/>	the attached medical device has come into contact with blood or other bodily fluids during use. The product has been cleaned and decontaminated as follows:

Disinfection		Sterilization	
<input type="checkbox"/>	Manual decontamination only if the medical device cannot be processed in the washer/disinfector	<input type="checkbox"/>	Steam-sterilized
<input type="checkbox"/>	Machine preparation (chemical-thermal) – preferred –	<input type="checkbox"/>	Other sterilization procedure
			Description: _____

By signing, you confirm to us that the used medical device has been cleaned and disinfected properly and thus does not contain hazardous material (contamination risk). Without this information, we are unable to accept the return.

Name

Date

Signature

Für interne Zwecke
For internal use only

Person Wareneingang (Kürzel) person incoming goods:		Sachbearbeiter intern (Kürzel) contact person (internal):	
Ware in Originalverpackung Goods in original packaging	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No	Rücksendung entspricht gelieferter Ware Return matches the delivered goods	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No
Ware vollständig Goods are complete	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No	Sicht- u. Funktionsprüfung o.k. Visual and functional inspection OK	<input type="checkbox"/> Ja/Yes <input type="checkbox"/> Nein/No
Prüfung durch: checked by:		geprüft am: date of check:	

Mandatory field! Each field must be filled in by the customer. Otherwise, no acceptance of the return is possible.



Dear customer,

Please describe the reason(s) for the return as accurately as possible using the diagram below so that we can process your repair as quickly as possible.

Please check the part to be repaired.

Please also add a more detailed description of the requested repair in the comments box below. Thank you.

Details of repair for flexible endoscope

We request repair of the following defects. Please check the relevant box.

1 Valves/function buttons 1.1 <input type="checkbox"/> leaking 1.2 <input type="checkbox"/> impaired	4 L/W insufflation 4.1 <input type="checkbox"/> impaired	7 Instrument channel 7.1 <input type="checkbox"/> leaking 7.2 <input type="checkbox"/> constricted	9 Insertion tube 9.1 <input type="checkbox"/> kinked 9.2 <input type="checkbox"/> leaking 9.3 <input type="checkbox"/> surface damaged	11 Distal end 11.1 <input type="checkbox"/> lenses/optics 11.2 <input type="checkbox"/> nozzles
2 Eyepiece 2.1 <input type="checkbox"/> leaking 2.2 <input type="checkbox"/> cloudy 2.3 <input type="checkbox"/> image distorted	5 Angulation wheels 5.1 <input type="checkbox"/> loose 5.2 <input type="checkbox"/> leaking	8 Control body 8.1 <input type="checkbox"/> leaking	10 Power connector 10.1 <input type="checkbox"/> leaking	12 Angulation 12.1 <input type="checkbox"/> inadequate 12.2 <input type="checkbox"/> sleeve leaking
3 Electronics 3.1 <input type="checkbox"/> CCD problems 3.2 <input type="checkbox"/> image distorted <input type="checkbox"/>	6 Supply tube 6.1 <input type="checkbox"/> kinked 6.2 <input type="checkbox"/> leaking			13 Optical fiber 13.1 <input type="checkbox"/> broken 13.2 <input type="checkbox"/> light output

Legend / Legende

1 Ventile/Funktionsknöpfe 1.1 undicht 1.2 gestört	3 Elektronik 3.1 CCD-Probleme 3.2 Bild gestört	6 Versorgungsschlauch 6.1 Knickstellen 6.2 undicht	9 Einführschlauch 9.1 Knickstellen 9.2 undicht 9.3 Oberfläche beschädigt	12 Abwinklung 12.1 unzureichend 12.2 Manschette undicht
2 Okular 2.1 undicht 2.2 trübe 2.3 Bild gestört	4 L/W Insufflation 4.1 gestört	7 Instrumentierkanal 7.1 undicht 7.2 verengt	10 Versorgungsstecker 10.1 undicht	13 Lichtleiter 13.1 gebrochen 13.2 Lichtleistung
	5 Abwinklungsräder 5.1 Spiel 5.2 undicht	8 Kontrollkörper 8.1 undicht	11 Distalende 11.1 Linsen/Optik 11.2 Düsen	

Comments

Mandatory field! Each field must be filled in by the customer.

Otherwise, no acceptance of the return is possible.