

**RMA#** \_\_\_\_\_  
 (Awarded by Digimed Medizintechnik)

**Customer Information:**

Company: \_\_\_\_\_ Contact person: \_\_\_\_\_  
 Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_

**Product Information:**

Item number	Lot-Nr. / Batch	Quantity	Delivery note no. & Date
<b>Reason for return:</b>			
<input type="checkbox"/> Complaint <input type="checkbox"/> Repair <input type="checkbox"/> Incorrect delivery <input type="checkbox"/> Return <input type="checkbox"/> Other			
<u>Description:</u> _____			

**Important notes:**

The RMA form must be completed in full before **EACH** return and sent by e-mail to the responsible clerk. After approval of the return, you will receive the form, provided with a RMA number, back again. Upon receipt of this number, we will release the return.

Please use an appropriate packaging for transport (original packaging if possible). We assume no liability for transport damage.

The instruments must be decontaminated! Otherwise, the return will be refused. Please use the second page of this document as proof of this (must also be completed if the instrument was not in use). Heavily contaminated or obviously non-decontaminated goods will be returned at the expense of the customer.

The same applies if the return is not accompanied by an RMA form approved by us.

In the event of an unjustified complaint, the return of the goods complained of by you is subject to a charge.

**Decontamination detection**

**We hereby confirm that** (please tick the appropriate box):  ... the enclosed medical device did NOT have to be decontaminated because it was not in medical use.

- ... the enclosed medical device has NOT come into contact with blood or other body fluids and is therefore hygienically harmless. This is confirmed by signature (see below).
- ... the enclosed medical device has come into contact with blood or other body fluids during use.

**The product became:**

- cleaned  disinfected
- sterilized as follows  Steam sterilization (min. 3 min. at 134-137°C or 15 min. at 121°C)
- Other method (please specify)

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... the enclosed medical device could NOT be decontaminated. Justification:

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**Responsible for the hygiene information:**

Surname, first name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature, company stamp:

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