|  |  |  |  |
| --- | --- | --- | --- |
|  | **devemed GmbH** | Tel: | +49 / 7467 / 94 91 99-0 |
| take-off GewerbePark 30 | Fax: | +49 / 7467 / 94 91 99-19 |
| 78579 Neuhausen ob Eck | E-Mail | [info@devemed.de](mailto:info@devemed.de) |
| Germany | Website | www.devemed.de |

**Important Notes!**

* Please enclose this form completely filled in with the goods to be repaired! Missing information (details) may lead to delays and queries.
* Please note that instruments that have not been cleaned, decontaminated and/or sterilized cannot be inspected and will therefore be returned to you.
* devemed does not assume any warranty for goods that become destroyed during repair!

|  |
| --- |
| **1. Information on decontamination / sterilization** |

|  |  |  |
| --- | --- | --- |
| We would like to point out that products which have not been decontaminated and/or sterilized will be returned to you unopened and freight collect. In case of violation, you will be held responsible in case of damage.  Therefore, we would like to ask you to confirm the proper cleaning / decontamination and/or sterilization with your signature. Thank you for your understanding and cooperation! | | |
| Cleaning and Disinfection acc. to EN ISO 15883 |  |  |
| Optional: Sterilization acc. to EN ISO 17665-1 |  |
|  |  | **Date, Signature for confirmation decontamination**  We hereby confirm proper cleaning, disinfection and optionally sterilization according to national standards and guidelines |

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| --- |
| **2. Customer Information** |

|  |  |
| --- | --- |
| **Company:** |  |
| **Street:** |  |
| **Post code / City:** |  |
| **Customer-No.:** |  |
| **Contact Person:** |  |
| **Phone:** |  |
| **E-Mail:** |  |

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| --- |
| **3. Product Information** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **REF** | **LOT** | **Date Code** | **QTY** | **What needs to be repaired?** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |
| **5** |  |  |  |  |  |

Below you have the possibility to describe in more detail what exactly needs to be repaired:

|  |
| --- |
|  |

|  |
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| **4. Action to be performed (Multiple answers possible)** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# Product (from table under section 2)** | **1** | **2** | **3** | **4** | **5** |
| **Repair instruments at cost (according to price list)** |  |  |  |  |  |
| **Offer replacement for instruments that cannot be repaired** |  |  |  |  |  |
| **In the case of non-repairable instruments, supply new product on agreed terms (without prior quotation).** |  |  |  |  |  |
| **Other (please explain/describe)** |  |  |  |  |  |
|  | | | | | |

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| **5. Return of non-repairable instruments** |

|  |  |  |
| --- | --- | --- |
| If the instruments sent to us are not repairable, do you want them to be returned to you at a charge? | Yes | No |

Notice: If you choose "No", the instruments will be scrapped at devemed.

|  |
| --- |
| **6. Date and Signature** |

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |
| --- | --- |
| **Signature:** |  |

|  |  |  |
| --- | --- | --- |
|  | ***The following section is to be filled in by devemed!*** |  |
|  |  |

|  |  |
| --- | --- |
| **Name annehmender Mitarbeiter:** |  |

|  |  |
| --- | --- |
| **Datum Eingang Produkt(e):** |  |

|  |  |
| --- | --- |
| **Unterschrift:** |  |