



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 for Emos optics



Repair for Emos flex.  
endoscopes

## Address / contact info

Name:

Zip code:

E-mail:

Area:

Tel:

Country:

Company / clinic / practice:

## Item data

Item description

Item No.

Purchase date

Pieces

Batch No.

Invoice 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)):



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).



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



Manual decontamination only if the medical device cannot be processed in the washer/disinfector



Steam-sterilized



Machine preparation (chemical-thermal)  
– preferred –



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

Ja/Yes

Nein/No

Rücksendung entspricht gelieferter Ware  
Return matches the delivered goods

Ja/Yes

Nein/No

Ware vollständig  
Goods are complete

Ja/Yes

Nein/No

Sicht- u. Funktionsprüfung o.k.  
Visual and functional inspection OK

Ja/Yes

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 from Emos Technology

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

<b>1 Angulation</b> 1.1 <input type="checkbox"/> inadequate 1.2 <input type="checkbox"/> sleeve leaking	<b>3 Insertion tube</b> 3.1 <input type="checkbox"/> kinked 3.2 <input type="checkbox"/> leaking 3.3 <input type="checkbox"/> surface damaged	<b>4 Distal end</b> 4.1 <input type="checkbox"/> lenses/optics 4.2 <input type="checkbox"/> nozzles	<b>6 L/W insufflation</b> 6.1 <input type="checkbox"/> impaired	<b>8 Eyepiece</b> 8.1 <input type="checkbox"/> leaking 8.2 <input type="checkbox"/> cloudy 8.3 <input type="checkbox"/> image distorted
<b>2 Electronics</b> 2.1 <input type="checkbox"/> CCD problems 2.2 <input type="checkbox"/> image distorted <input type="checkbox"/> .....	<b>5 Instrument channel</b> 5.1 <input type="checkbox"/> leaking 5.2 <input type="checkbox"/> constricted	<b>7 Control body</b> 7.1 <input type="checkbox"/> leaking		

### Legend / Legende

<b>1 Ventile/Funktionsknöpfe</b> 1.1 undicht 1.2 gestört	<b>3 Einführschlauch</b> 3.1 Knickstellen 3.2 undicht 3.3 Oberfläche beschädigt	<b>4 Distalende</b> 4.1 Linsen/Optik 4.2 Düsen	<b>6 L/W Insufflation</b> 6.1 gestört	8.2 trübe 8.3 Bild gestört
<b>2 Elektronik</b> 2.1 CCD-Probleme 2.2 Bild gestört	<b>5 Instrumentierkanal</b> 5.1 undicht 5.2 verengt	<b>7 Kontrollkörper</b> 7.1 undicht	<b>8 Okular</b> 8.1 undicht	<b>9 Ventile/Funktionsknöpfe</b> 9.1 undicht 9.2 gestört

## Details of repair for rigid endoscope

<b>1 Optics</b> 1.1 <input type="checkbox"/> moisture in the system / cloudy 1.2 <input type="checkbox"/> no image / lens broken 1.3 <input type="checkbox"/> visible deposits on distal / proximal lenses 1.4 <input type="checkbox"/> prism / lens loose (rattles)	<b>2 Material</b> 2.1 <input type="checkbox"/> scratches, dents, wear 2.2 <input type="checkbox"/> discoloration 2.3 <input type="checkbox"/> laser bombardment (holes in tube)	<b>4 Mechanism</b> 4.1 <input type="checkbox"/> shaft tube kinked, bent 4.2 <input type="checkbox"/> distal damage
<b>3 Light</b> 3.1 <input type="checkbox"/> deposits on entry/exit surface 3.2 <input type="checkbox"/> fiber breakage (reduced light output) 3.3 <input type="checkbox"/> leakage 3.4 <input type="checkbox"/> breakages in lens assembly		

### Legend / Legende

<b>1 Optik</b> 1.1 Feuchtigkeit im System / trübe 1.2 kein Bild / Linse gebrochen 1.3 opt. Ablagerungen auf distalprox. Gläsern 1.4 Prisma/Linse lose (klappern)	<b>2 Material</b> 2.1 Kratzer, Dellen, Abnutzung 2.2 Verfärbungen 2.3 Laserbeschuß (Löcher Rohr)	<b>3 Beleuchtung</b> 3.1 Ablagerungen auf Eintritt-/Austrittsfläche 3.2 Faserbruch (reduzierte Lichtleistung) 3.3 Undichtigkeit 3.4 Ausbrüche in Kittflächen	<b>4 Mechanik</b> 4.1 Schaftrohr geknickt, verbogen 4.2 Beschädigung distal
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## Comments

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Otherwise, no acceptance of the return is possible.