

Return note

Medical device



Servicenummer: _____	Gültig ab: 23.01.2024	Freigabe Nathalie Faschian	Revision B
	FB-1907 – Page 5		DCN 148

Dear Customer,
to ensure your request the fastest possible, please describe the reason for the return as precisely as possible.

Address (stamp if necessary) Name: _____ Street: _____ Postal code, City: _____	Articel data Manufacturer: _____ Article number: _____ Description: _____ Lot/Serial number: _____ Quantity: _____ Invoice number: _____
---	---

Reason for return <input type="checkbox"/> Function: _____ <input type="checkbox"/> Wrong article received	<input type="checkbox"/> damage due to transport <input type="checkbox"/> other reason: _____
---	--

Remarks _____ _____ _____

Safety information for the protection of employees

Decontamination certificate (please mark with a cross)



- NO decontamination is necessary because the medical device has not been used or the product had no contact with blood or other body fluids.
- Decontamination necessary because the medical device had contact with blood or other body fluids.
 - Yes, the product is manually disinfected. Name, employees: _____
 - Yes, the products is mechanical disinfected. Batch-No.: _____
 - No, the product is not disinfected*. Reason: _____
Please mark on the outer package that device is contaminated!

I hereby confirm the accuracy of all information:

Name: _____ Date: _____ Signature: _____

Thank you very much for your assistance!
Your EMOS- Team