

Tekno-Medical Optik-Chirurgie GmbH, Sattlerstr. 11, 78532 Tuttlingen, Germany - Phone: +49(7461)1701-0 - mail@tekno-medical.com

## RMA Application form

Return to				
Tekno-N Sattlers		Chirurgie Gmbl	4	
78532 1 GERMAI	Tuttlingen NY			
Customer No.:		ustomer-Carrie nport-No.:	<u>er</u>	SB/ CS:
Customer-Data	a <u>:</u>			
Company				
Street / Number				
Postcode / Town				
Tel.		F	-ax	
E-Mail				
		processing you		
(Without the following Article	ng information, you Oty.	r return will not be p		n for Return
7111010	aty.	201	Redoon	- Not Notalli
Date of decontamin		ccuracy of the info	ormation and the steri	lity of the
	ents, see FRM-05		n certificate and Hygid	
Pla	ace/Date		Signatur	·е

RMA - No.	
Will be completed by Tekno-Medical	

For repair and complaint processing you need a valid RMA number!

Repalo order	cement in advance No.:	with

Return of the goods only with completely filled out RMA form. If the return is sent without RMA and we have not received the documents needed after the third reminder, we reserve the right to return the goods at your expense.

#### 1

Send the form fully completed and signed by e-mail as a pdf-file to your contact person.

## 2

You will receive back this application form with RMA number from us.

### 3

Include the application form with the RMA number to your return.

## 4

Mark the returned goods clearly visible with the RMA number.

#### **Important Instructions:**

Please send the goods back to us ready for transport.

For transport damage caused by insufficiently packed goods, the customer himself assumes liability. The returned goods must be delivered carriage paid to us.

Tekno-Medical reserves the right to return contaminated products.

In the case of an unjustified complaint, the return of the goods you have claimed is chargeable.

The allocation of an RMA number is valid only for the return of the goods, other commitments are not associated with this.

The further processing and cost allocation of a transaction will be decided separately depending on the circumstances.



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# Decontamination Certificate / Hygiene clearance certificate

Article-No.:	Article-Description:	LOT-Number:			
I hereby confirm that: (tick the appropriate box)					
the attached medical device has NOT come in contact with blood or other body fluids and is therefore hygienically safe. Confirmed by signature (s.d.).					
the attached medical device has come into contact during use with blood or other body fluids. The product has been cleaned and decontaminated as follows:					
steam ster	lization (3 minutes at 134 °C,	or 15 minutes at 121 °C)			
other proc	edure (please specify)				
the attached medical did not need to be decontaminated because it was not in medical use.					
the attached med	ical device could NOT be deco	ontaminated (see coment).			
Comment:					
For further questions please contact the person specified in the following:					
Name:					
Phone number:					
Department:					
E-Mail:					
Date of Decontamina	tion:				

RMA - No.	



For completion of repair and complaint is a valid RMA-Number necessary!

#### Every

- Return
- Repair
- Complaint

has to enclose this Form!

Processing without a valid Certificate of Decontamination is not possible because of health protection of our co-worker.

If we don't get the Certificate of Decontamination after a query within 3 weeks, we will send the items back to the customer.

#### **Important Instructions:**

Please send the goods back to us ready for transport. For transport damage caused by insufficiently packed goods, the customer himself assumes liability. The returned goods must be delivered carriage paid to us.

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In the case of an unjustified complaint, the return of the goods you have claimed is chargeable.

The allocation of an RMA number is valid only for the return of the goods, other commitments are not associated with this. The further processing and cost allocation of a transaction will be decided separately depending on the circumstances.



Place/Date signature FRM-055 Dekontamination E Rev.03