

 RETURN REPROCESSED PRODUCTS ONLY!	Confirmation of notification by PRRC (AS-Medizintechnik). Only applicable if point 3.1 and / or 3.3 applies.		
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">  AS Medizintechnik GmbH Sattlerstraße 15 78532 Tuttlingen Germany </td> <td style="width: 70%; border: none;"> Phone: +49/7461/966 32-6 Fax: +49/7461/966 32-88 www.AS-Medizintechnik.de info@AS-Medizintechnik.de </td> </tr> </table>	 AS Medizintechnik GmbH Sattlerstraße 15 78532 Tuttlingen Germany	Phone: +49/7461/966 32-6 Fax: +49/7461/966 32-88 www.AS-Medizintechnik.de info@AS-Medizintechnik.de	<hr style="width: 80%; margin: 0 auto;"/> Date / Sign PRRC!
 AS Medizintechnik GmbH Sattlerstraße 15 78532 Tuttlingen Germany	Phone: +49/7461/966 32-6 Fax: +49/7461/966 32-88 www.AS-Medizintechnik.de info@AS-Medizintechnik.de		

Dear valued customer,

in case you are planning a product return, please consider to fulfil this form completely and send it together with the product.

1. Are the product still originally packed and unused? Yes No

2. Have the products been used? Yes No

In case you have chosen "Yes", please make sure that the products have been reprocessed before return and please fill out the following **decontamination proof**. Non reprocessed products will be returned unopened to your costs. In case of noncompliance you will be called responsible.

Cleaning and disinfection acc. to DIN EN ISO 15883

Optional: Sterilization acc. DIN EN ISO 17665

Date, signature for proof of decontamination

We hereby confirm the proper cleaning, disinfection and optional sterilization according to national standards and guidelines.

3. Why are you returning products?

3.1 **Reportable incident acc. to EU MDR Art. 87**

If you have marked this column, additional information are mandatory. Please use our form „Incident Report“ which you can download under www.AS-Medizintechnik.de / Media Library / Forms.

3.2 **Wrong delivery** (Please complete points 4 - 6)

3.3 **Complaint** (Please complete points 4 - 6)

3.4 **Repair** (Please complete points 4, 7)

3.5 **Other reason for return** (please explain)

Thank you very much for your cooperation.

4. Company:

Customer ID no:

City:

Company:

Date:

Department:

Street:

Signature: _____

ZIP / City:


Contact person:

Phone:

E-Mail:

Stamp: _____

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	AS Medizintechnik GmbH	Phone: +49/7461/966 32-6
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	78532 Tuttlingen	www.AS-Medizintechnik.de
	Germany	info@AS-Medizintechnik.de

5. Angaben zum Produkt:

Item no.	Item description	LOT / Serial no.	Qty	Invoice no.	Delivery no.

6. Reason of return:

- The goods have been wrongly ordered from customer (please explain).
- The goods have been wrongly marked (please explain).
- The goods do not correspond according to the AS Medizintechnik product catalogues.
- The goods have not been used properly from operator.
- The goods are defective.
- Other reason (please explain).

Internal note:

7. Information for repair:

Alternatively you are welcome to send your own repair report.

Item no.	Item description	LOT / Serial no.	Qty	Brand

Corrective action:

- Instruments have to be repaired with costs as offered.
- Estimation of costs have to be issued.
- If instruments are not repairable, please offer exchange (if available in our portfolio).
- If instruments are not repairable, exchange is accepted to conditions offered (if available in our portfolio).
- Others (please explain)