

Return form and decontamination certificate

We always need a valid RMA number for processing repairs and complaints! Make sure to ask for the RMA number by phone or e-mail prior to each return and **indicate the RMA number clearly visible on the outside of the return package**. This form **MUST** be enclosed in **EACH** return/repair/complaint consignment. **Pursuant to the statutory requirements for occupational safety and health (German Labour Protection Act) and in order to protect our employees, we reserve the right not to process any return/repair/complaint consignment without a valid, signed and stamped decontamination certificate. We also reserve the right to immediately return to our customers any devices, which have not been decontaminated.** Please ensure proper and adequate packaging of your consignment in order to avoid injuries to our staff in the incoming goods department. In the case of an unjustified complaint, the return of the goods is subject to a charge.

Customer ID: _____	Date: _____
Name: _____	RMA No.: _____

Qty.	Part no.	Product description	LOT	Invoice No.	Date of Invoice

Provide details of the concern (what product, how has it being used, what is the problem, when did it happen? What other events or actions occurred at that time, Any adverse effects or outcomes, etc.)	
Problem type (Check) <input type="checkbox"/> Broken <input type="checkbox"/> Defective <input type="checkbox"/> Wrong quantity delivered <input type="checkbox"/> Too long on backorder <input type="checkbox"/> Shipped wrong product <input type="checkbox"/> Ordered wrong product <input type="checkbox"/> Duplicate order <input type="checkbox"/> Labeling / Packaging <input type="checkbox"/> Other (describe in detail)	Description of problem: <input type="checkbox"/> Material defect <input type="checkbox"/> User error Action taken by Ortho Organizers/Pelz and Companion: <input type="checkbox"/> Article taken back, date: _____ <input type="checkbox"/> Article exchanged, date: _____ <input type="checkbox"/> Article sent for repair, date: _____ <input type="checkbox"/> Credit note to customer, date: _____ <input type="checkbox"/> Article destroyed, date: _____ <input type="checkbox"/> Article sent back to customer without any action taken Reason: _____ Assessment of measures and corrections: _____

I herewith confirm that: (please tick the appropriate box)

the attached medical device has NOT come into contact with blood or body fluids and is hygienically harmless.

the attached medical device has come into contact with blood or body fluids. It has been cleaned and decontaminated:

Steam sterilisation (134°C for 3 minutes or 121°C for 15 minutes)

Other procedure (please describe): _____

the attached medical device did NOT need to be decontaminated, as it was not in medical use.

In case of further questions, please contact:

Name: _____ Phone no.: _____ E-mail: _____

Sterilized by:		<u>Signature:</u>	
Date:		Practice stamp:	Date: