FB 083 RETURN MATERIAL AUTHORIZATION

RMA# _____
(To be filled in by the company CM Instrumente)

Customer Information:

Company Name: _____ Contact Person: _____

Address: _____ E-Mail: _____

_____ Phone: _____

_____

Product Information:

Article-No.	Lot-No.	Quantity	Delivery No. & Date

Reason for return:

☐ Complaint ☐ Repair ☐ Wrong delivery ☐ Return ☐ Other

Description:

_____

Important notes:

*The RMA form must be filled out completely and sent by e-mail to the responsible person before **ANY** return. After approval of the return shipment, the form will be returned to you with an RMA number. Upon receipt of this number we will release the return shipment.*

Please use appropriate packaging for transport (original packaging if possible). We do not assume any liability for transport damages.

The instruments must be decontaminated! Otherwise the return shipment will be refused. Please use the second page of this document as proof of this (must also be filled in when the instrument has not been in use). Heavily contaminated or obviously not decontaminated goods will be returned at the customer's expense.

The same applies if no RMA form approved by us is enclosed with the return shipment.

In case of an unjustified complaint, the return of the goods you complained about is subject to a charge.

Evidence of decontamination

We herewith confirm, that (please mark the appropriate box):

- ○ … the enclosed medical device did NOT need to be decontaminated as it was not used medical.
- ○ ... the enclosed medical device has NOT come into contact with blood or other body fluids and therefore it is hygienically harmless. This is confirmed by a signature (see below).
- ○ ... the enclosed medical device has come into contact with blood or other body fluids during use.

  The product was:
  - ○ cleaned
  - ○ disinfected
  - ○ sterilized as follows
    - ○ Steam sterilization (min. 3 min. at 134-137°C or 15 min. at 121°C)
    - ○ Other procedure (please specify)

    _____

- ○ … the attached medical device could NOT be decontaminated.
  Reason:

  _____

Responsible for hygiene information:

Last name, first name: _____

Date: _____

Signature,
Company stamp: _____