

Please ensure that this proof is included with **EVERY** return, product claim and repair order.  
Please attach the document **OUTSIDE** the package together with the delivery note. Please pack the products in such a way that there is no risk of injury to our Goods Receiving personnel when unpacking.



**We will take legal action if there is an incident of any kind involving contaminated returns.**

Returns & repairs to: **REPAIRS & COMPLAINTS DEPARTMENT**  
DANmed / STERIS Deutschland GmbH  
Sattlerstr. 25  
78532 Tuttlingen, Germany

**CUSTOMER DETAILS**

Company name:	
Customer number:	
Name:	
Email:	

**RETURNS INFORMATION**

Item no.:	Item description:	Lot no.:
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Reason for return (description of fault):

**CONFIRMATION**

We hereby confirm that (tick appropriate box):

the attached medical device has **NOT** come into contact with blood, tissue, body substances or other body fluids and is thus hygienically safe.

This is confirmed by the signature below.

the attached medical device has come into contact with blood or other body fluids during use. The product has been cleaned, disinfected and sterilized in accordance with current hygiene requirements for reprocessing of medical devices and with the manufacturer's instructions.

This is confirmed by the signature below.

**DETAILS OF DISINFECTION, CLEANING & STERILIZATION**

- Cleaning and disinfection by machine
- Manual steam sterilization at 134°C
- Other method (please specify) \_\_\_\_\_
- the attached medical device was **UNABLE** to be decontaminated  
(Reason(s) for this must be given!)

Reason(s):

Place & date	Stamp & signature
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