

RETURN FORM RETURNS POLICY

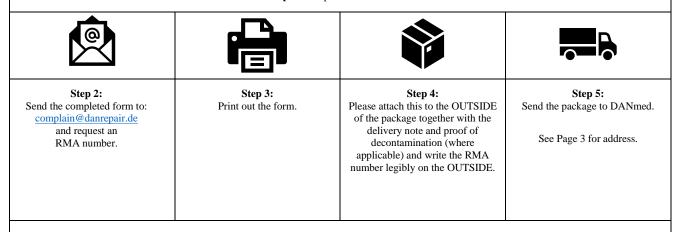
DAN-Q11-001-FR-001

Before returning any items, this return form <u>must</u> be completed to obtain an RMA number (Return Material Authorisation number). This information is very important as it speeds up the rest of the process and therefore helps us to meet your needs more effectively.

For unauthorized returns, we reserve the right to charge a restocking fee of 25% of the value of the goods. Once approval has been received from DANmed, the items can be returned to us. It is absolutely necessary not to deduct any invoice amount unless you have received credit note for it.



Step 1: Complete the return form



RMA number:______(the return will not be accepted without an RMA number)

Packages without an RMA number or return form on the outside of the package will <u>not be accepted</u> and will be returned immediately at the sender's expense.



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

CUSTOMER DETAILS								
Company name:								
Customer no.:								
Name:								
Email:								
		RETURNS INFORMA	ΓΙΟΝ					
Quantity:	Item no.:	Lot no.:	Del'y no.:					
	Item no.:	Lot no.:	Del'y no.:					
Quantity:								
Quantity: Quantity:	Item no.:	Lot no.:	Del'y no.:					
	Item no.:	Lot no.:	Del'y no.: Del'y no.:					



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REASON FOR RETURN								
☐ Wrong item(s)			☐ Warranty claim					
☐ Complaint			☐ Excess quantity					
☐ Other			☐ Transit damage					
Description of fault:			Courier service					
GENERAL QUESTIONS								
1.	Are the products in their origin	al packaging?		□ Yes				
2.	Have the products been used?			□ Yes	(see <u>Proof of Decontamination</u>)			
3.	Did an incident occur during p	atient use?		☐ Yes ☐ No				
4.	Did the defect result in injury, consequences?	delay, or other serious		□ Yes □ No	(continue with 4.a) (continue with 5.)			
	a. Description:							
5. Has the incident been reported to any authority?				□ Yes	(continue with 5.a) (end)			
a. If so, which authority?								
6. Has the product been decontaminated?				□ Yes	(continue with 6.a)			
a. Please attach the proof of decontamination.								
The following fields to be completed by <i>DANmed</i> !								
Approv	ed	□ No See reason(s)	Signature					
Reason(s):								

Please send the package to the following address:

REPAIRS & COMPLAINTS DEPARTMENT

DANmed / STERIS Deutschland GmbH Sattlerstr. 25 78532 Tuttlingen Germany