

Before returning any items, this return form **must** 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



Step 2:
Send the completed form to:
complain@danrepair.de
and request an RMA number.



Step 3:
Print out the form.



Step 4:
Please attach this to the OUTSIDE of the package together with the delivery note and proof of decontamination (where applicable) and write the RMA number legibly on the OUTSIDE.



Step 5:
Send the package to DANmed.

See Page 3 for address.

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 not be accepted 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 INFORMATION

Quantity:	Item no.:	Lot no.:	Del'y no.:
Quantity:	Item no.:	Lot no.:	Del'y no.:
Quantity:	Item no.:	Lot no.:	Del'y no.:
Quantity:	Item no.:	Lot no.:	Del'y no.:
Quantity:	Item no.:	Lot no.:	Del'y no.:

Notes:

REASON FOR RETURN

<input type="checkbox"/> Wrong item(s)	<input type="checkbox"/> Warranty claim
<input type="checkbox"/> Complaint	<input type="checkbox"/> Excess quantity
<input type="checkbox"/> Other Description of fault:	<input type="checkbox"/> Transit damage Courier service _____

GENERAL QUESTIONS

1. Are the products in their original packaging?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have the products been used?	<input type="checkbox"/> Yes (see <u>Proof of Decontamination</u>) <input type="checkbox"/> No
3. Did an incident occur during patient use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Did the defect result in injury, delay, or other serious consequences?	<input type="checkbox"/> Yes (continue with 4.a) <input type="checkbox"/> No (continue with 5.)
a. Description:	
5. Has the incident been reported to any authority?	<input type="checkbox"/> Yes (continue with 5.a) <input type="checkbox"/> No (end)
a. If so, which authority?	
6. Has the product been decontaminated?	<input type="checkbox"/> Yes (continue with 6.a) <input type="checkbox"/> No
a. Please attach the proof of decontamination.	



The following fields to be completed by *DANmed*!

Approved	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>See reason(s)</i>	Signature
Reason(s):			

Please send the package to the following address:

REPAIRS & COMPLAINTS DEPARTMENT
 DANmed / STERIS Deutschland GmbH
 Sattlerstr. 25
 78532 Tuttlingen
 Germany