



REPAIR REQUEST FORM

CUSTOMER INFORMATION

Date: _____ PO#: _____ RMA# if applicable: _____

Facility: _____ Department: _____

Address: _____ City: _____ State: _____ Zip: _____

Name of contact person to receive repair estimate: _____

How would you like to be informed of the repair estimate? Circle choice, provide contact:

Phone: _____ Fax: _____ Email: _____

ITEM TO BE REPAIRED

Mfg. & Model # _____ **Serial #:** _____

- Was a death or injury associated with the use of this product? NO ___ YES___ If yes, describe the injury that occurred:

- Did the malfunction occur during treatment or therapeutic procedure? (circle one) TREATMENT - THERAPEUTIC

- Did the product malfunction or not perform as intended? NO ___ YES___ If yes, describe how the product malfunctioned or not performed as intended. Include the reason for the repair here:

If this is a loaner scope that has failed, how many times has the loaner been used since receiving? _____

- Did the loaner scope malfunction occur: before ___ during ___ or after the procedure ___
- If during, were you able to complete the procedure? NO ___ YES ___
- Did it impact the procedure – missed ___ aborted ___ delayed prolonged ___

Due to Regulatory Requirements – Please provide reprocessing method

___ Cidex OPA ___ Glutaraldehyde ___ Other: _____

___ Medivators ___ Steris ___ J&J ___ Custom Ultrasonics ___ Other: _____

DISINFECT OR STERILIZE EQUIPMENT BEFORE SHIPPING!

- This scope may be leaking
- This scope has been High Level Disinfected
- This scope or item has been grossly decontaminated only
- THIS ITEM HAS NOT BEEN DECONTAMINATED**

Signature: _____ Print Name: _____