

To submit a Return Merchandise Authorization (RMA) request, complete the following form. In order to expedite your request, please complete all information requested below. **ENCLOSE COPY OF THIS FORM WITH RETURN SHIPMENT.** Return the completed and **signed** form together with the defective coil/ item to:

RAPID Biomedical GmbH
Kettelerstraße 3 - 11
97222 Rimpar
Germany
service@rapidbiomed.de

Contact Information (complete institute's address and contact data are **mandatory** for RMA processing):

Sender's Contact

Technical Contact

Your Reference No.

Sender's Address (mandatory for RMA processing)

Return Delivery Address (if different from sender's)

Reason for Return or Description of Problem (mandatory for RMA processing)

Coil / Product Type

Product ID
("Model Type", "REF" and "SN")

Description of Defect

Payment for **Non-Warranty** Repairs:

I will accept invoices up to 1 500 EUR

I need a cost estimation prior to repair

Important: Any item returned to RAPID Biomedical must be free of pollution, contamination, hazardous samples and of other dangerous substances (e.g. toxins, corrosive agents, explosives, radioactive or biologically dangerous samples or substances, etc.). The sender and the signatory of this form are liable for any harm or damage caused due to noncompliance to this assumptive condition.

authorized signature