

Shaded fields are mandatory.

Contact Information

Sender	Return Delivery Address (if applicable and different from sender's address)
Technical Contact	
Reference number/ Quotation	

Product Information

Model Type	REF	SN	Coil / Product Designation

Reason for Return

Service/ Repair
 Product Modification
 Return of Loaner

Description of Defect or Modification (if applicable)

In case of non-warranty repairs:
 I need a cost estimation prior to repair.
 I will accept invoices up to 1 500 EUR or up to EUR.

Disinfection

Important: Any item returned to RAPID Biomedical must be free of pollution, contamination, and other dangerous substances (including but not limited to toxins, corrosive agents, radioactive or otherwise biologically harmful substances).
The sender and the signer of this form are both liable for any harm or damage caused due to noncompliance of this requirement.

All returned items have been decontaminated before shipment.

(Signature)

Authorized Signature

name and signature	<input type="text"/>	<input type="text"/>	place and date	<input type="text"/>
--------------------	----------------------	----------------------	----------------	----------------------

Shipment Information

In order to prevent transport damage, package the products in the original box and send them to:

RAPID Biomedical GmbH
 Service & Repairs
 Kettelerstrasse 3 – 11
 97222 Rimpfing, Germany

Enclose a filled in and signed hardcopy of this form with the shipment!

If desired we can provide a return shipping label for an insured shipment at low rates. Please provide dimensions and weight to service@rapidbiomed.de.

Internal Use Only: Eingegangene Teile

--