Pelz und Companion GmbH





Return form and decontamination certificate

We always need a valid RMA number for processing repairs and complaints! Make sure to ask for the RMA number by phone or email prior to each return and indicate the RMA number clearly visible on the outside of the return package. This form MUST be enclosed in EACH return/repair/complaint consignment. Pursuant to the statutory requirements for occupational safety and health (German Labour Protection Act) and in order to protect our employees, we reserve the right not to process any return/repair/complaint consignment without a valid, signed and stamped decontamination certificate. We also reserve the right to immediately return to our customers any devices, which have not been decontaminated. Please ensure proper and adequate packaging of your consignment in order to avoid injuries to our staff in the incoming goods department. In the case of an unjustified complaint, the return of the goods is subject to a charge.

Customer ID: Name:			Date: RMA No.:				
Qty.	Part no.		Product	description	LOT	Invoice No.	Date of Invoice
				•			
		_		s the problem, when d t time, Any adverse eff	= =	c.)	
Problem type (Check)			Description of problem:				
☐Br	oken						
☐ De	efective						
	ong quantity del	H					
☐ Too long on backorder							
☐ Shipped wrong product							
Ordered wrong product		duct					
☐ Duplicate order —		-	☐ Material defect ☐ User error				
Labeling / Packaging							
☐ Ot	her (describe in o	detail)					
I here	with confirm that	: (please tick th	e appropria	ate box)			
☐ the	e attached medic	al device has N	IOT come i	nto contact with blood o	r body fluids and is hyg	jienically harmless	S.
☐ the	e attached medio	cal device has c	ome into c	ontact with blood or bod	y fluids. It has been cle	eaned and decont	aminated:
☐ Ste	eam sterilisation	(134°C for 3 mi	nutes or 12	21°C for 15 minutes)			
☐ Ot	her procedure (p	lease describe)):				
☐ the	e attached medic	al device did N	OT need to	be decontaminated, as	it was not in medical u	se.	
In cas	e of further ques	tions, please co	ontact:				
Name:			Phone no.:		E-mail:	E-mail:	
Sterili	zed by:			Signature:		Plain writing:	
Date:				Practice stamp:		Date:	