***To be filled out by customer:***

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| **REQUEST FOR SERVICE/REPAIR ORDER**  | **Return/Report date:** |
| **Article no:** | **Serial no:** |
| **Invoice address:** | **Delivery address (if differs from invoice address):** |
| **Contact name:** | **Contact telephone and mail:** |
| **Describe faulty errors: (insert descriptive picture if possible)** |
| ***Mail this request to:*** ***service@hpm.se*** ***and await responding RMA no******To be filled out by Hammarplast Medical AB:***  |
| **RMA no:** |

**!!! *Include this report with defective product and below statement to:***

***Hammarplast Medical AB, Kartåsgatan 8, 531 40 Lidköping, Sweden***

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| --- |
| ***I declare that returned products listed below are properly cleaned and free from hazardous chemicals or blood residues. I understand that if product arrives at Hammarplast Medical AB contaminated and/or not properly cleaned, it will be returned on my expense for decontamination and/or cleaning.*** |
| **Customer signature:** | **Date:** |
| **Returned product :** |  |
| **Accessories:** |  **Cord Blue hose Red hose Other:** |

***To be filled out by Hammarplast Medical AB:***

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| **Test results:** To be reported to authority. |
| **Article no.** | **Article name:** | **Replaced quantity:** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Date:** |  | **Released::** |