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

|  |  |  |
| --- | --- | --- |
| **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***](mailto: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***

|  |  |  |
| --- | --- | --- |
| ***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:***

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