



Documented by: _____

Complaint Form Standard

1. Distributor/Customer information

Distributor Name: _____ Clinic/Laboratory: _____
 _____ Customer No.: _____
 Distributor Customer No.: _____ Email: _____

2. Product information

Article-No.: _____ LOT-No.: _____ Delivery Note/
 Order No.: _____
 _____ Quantity: _____

 Apprximate Number of Applications First time 2-5 6-10 > 10
 Type of Cleaning Manual Ultrasonic Thermal disinfectant
 Which cleaning agent has been used? _____
 Type of Sterilisation Autoclaving Dry Heat Chemical autoclaving
 On which material has the article been used? _____
 Which speed has been used? _____
 Brief description of the incident: _____

Article-No.: _____ LOT-No.: _____ Delivery Note/
 Order No.: _____
 _____ Quantity: _____

 Apprximate Number of Applications First time 2-5 6-10 > 10
 Type of Cleaning Manual Ultrasonic Thermal disinfectant
 Which cleaning agent has been used? _____
 Type of Sterilisation Autoclaving Dry Heat Chemical autoclaving
 On which material has the article been used? _____
 Which speed has been used? _____
 Brief description of the incident: _____

3. Confirmation

All returned products are to be autoclaved and labelled as "sterile".

Please add all the information necessary about the disputed products in this form under consideration of the Hager & Meisinger GmbH warranty conditions and send this form including the autoclaved products back to Hager & Meisinger GmbH. Please use an appropriate packaging for shipment - the loss individual parts during shipment voids the warranty.

Date/Place: _____

Signature: _____



Hager & Meisinger GmbH

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