RETURNS/EXCHANGE

Goods can only be returned originally packed including the LOT-No.!

1. Customer information

Clinic/Laboratory: _____ Customer-No.: _____

Email: _____ Phone: _____

Contact Person: _____ Distributor (Name, City): _____

Adress: _____ Documented by: _____

_____

2. Product information

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

Quantity _____

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

Quantity _____

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

Quantity _____

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

Quantity _____

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

Quantity _____

Reason for Return: _____

_____

_____

3. Confirmation

We confirm that returned sterile goods have been stored under appropriate storage conditions (monitoring of temperature and humidity).

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

Place/Date: _____

Signature: _____

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