

REPAIR or INVESTIGATION REQUEST FORM

(use for return of material)

Contact SenTec AG before you return any material in order to obtain a RGA number. Fill in the information required below and always include this form in the shipment of any defective material.

Return Goods Authorization Number (RGA #)		RP- <input style="width: 150px;" type="text"/>
Distributor (or End User) Information		
Distributor: <input style="width: 250px;" type="text"/>	Country: <input style="width: 100px;" type="text"/>	
Contact Person (Name, Phone, E-Mail)	Distributor's Internal Issue Number (if available): <input style="width: 150px;" type="text"/>	
Product Identification		
Only check the box for the component(s) you return.		
<input type="checkbox"/> SDM* SN: <input style="width: 150px;" type="text"/>	SW Version: (SMB)	(MPB)
<input type="checkbox"/> Sensor * SN: <input style="width: 150px;" type="text"/>	SW Version: <input style="width: 100px;" type="text"/>	REF: <input style="width: 100px;" type="text"/>
* Fill in the serial number and software version of both SDM and Sensor, even if you send back only one component of the system! (You will find this Information in the SDM menu "System information")		
<input type="checkbox"/> Accessories, Disposables, Spare Parts		
Description: <input style="width: 200px;" type="text"/>	SN / Lot #: <input style="width: 150px;" type="text"/>	
Description: <input style="width: 200px;" type="text"/>	SN / Lot #: <input style="width: 150px;" type="text"/>	
Problem description		
Short Description: <input style="width: 300px;" type="text"/>		
Use the troubleshooting list provided in the SDM Technical Manual and the SDM Service Manual to identify the problem (PXXXX number) and the possible cause.		
Trouble Shooting P code (PXXXX): <input style="width: 150px;" type="text"/>		
Description (problem / possible cause / tests performed): 		
Do you wish a repair? <input type="checkbox"/> yes <input type="checkbox"/> no, material returned only for investigation Was a patient involved? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, did this issue lead or might have led to a serious injury or death of the patient? If yes, please explain: 		
Immediate Actions (if any -by End User, or Distributor; please use Repair Reporting Form for reporting repairs) 		
Form completed by: <input style="width: 250px;" type="text"/>		Signature: <input style="width: 150px;" type="text"/>
Date (YY-MM-DD): <input style="width: 150px;" type="text"/>		
For SenTec Use only		
Complaint? <input type="checkbox"/> no Reason: <input style="width: 300px;" type="text"/>		
<input type="checkbox"/> yes Complaint Record CR # <input style="width: 150px;" type="text"/>		
Section completed by: <input style="width: 250px;" type="text"/>		Signature: <input style="width: 150px;" type="text"/>
Date (YY-MM-DD): <input style="width: 150px;" type="text"/>		