RETURN POLICY

In order to accept and process your return, we need the complete **RMA form (Annex 1)** and for the protection of our employees a d**econtamination certificate (Annex 2)**. For the **decontamination certificate** you can use our template (Annex 2) or your own form.

The instruments must be completely decontaminated. A decontamination certificate is also required if the instrument was not in use! We reserve the right to return instruments that are obviously contaminated at your expense.

Please send the RMA and the decontamination certificate to reklamation@dewimed.de or enclose them clearly visible in the package.

Please use proper packaging for your shipment and mark the package as a return, if possible please use the original packaging. We are not responsible for any damage in transport.

Address for return

DEWIMED Medizintechnik GmbH
Unter Hasslen 14
78532 Tuttlingen
GERMANY

Please note that we cannot process your return without a decontamination certificate (Annex 2) or an incompletely filled out RMA (Appendix 1) and will return it at your expense!

Annex 1 - RMA

RMA

RMA# *(**not** to be filled in by the customer)*

Customer information:

Company / Client

Customer No:

Address

Name contact person

Department

E-Mail

Phone

Product information:

Article description

Invoice number and -date

Lot number (LOT) / serial number (SN)

Article No. (REF)

Quantity claimed

Please provide a detailed description of the defect below. If available, you can also send evidence, photos, etc. of the affected product as an attachment. If it is a cut defect, please provide exact information about the cut material.

Return information:

◯ **Complaint**

When did the fault occur?

- ☐ Before use
- ☐ First use
- ☐ Reuse of a single use product
- ☐ Use of a reusable medical device

Where did the error occur?

- ☐ Incoming inspection
- ☐ Reprocessing
- ☐ Preparation surgery
- ☐ During surgery

Detailed failure description (Where?, Who?, What?, How?, When?)

Annex 1 - RMA

Patient information:

1.	Has the product already been used on the patient?	☐ Yes	☐ No
2.	Has a petient been harmed?	☐ Yes	☐ No
3.	Did the patient suffer a serious injury / permanent impairment?	☐ Yes	☐ No
4.	Is / was a follow-up treatment necessary?	☐ Yes	☐ No
5.	Where any other people injured?	☐ Yes	☐ No
6.	Could the application be continued?	☐ Yes	☐ No
7.	Has the product been used / used in accordance with its intended purpose?	☐ Yes	☐ No
8.	Was the product used according to the instructions for use?	☐ Yes	☐ No

◯ **Repair**

Detailed description of the defect (What is to be repaired? Where is the product defective? Which function is defective?)

◯ **Cancellation**

Description (Why do you want to cancel the product?)

Annex 2 – DECONTAMINATION CERTIFICATE

IMPORTANT! Due to legal regulations and for the protection of our employees, we require a fully completed and signed decontamination certificate. Please use our template below or your own form!

A decontamination certificate is also required if the instrument was not in use!

Please mark with a cross where applicable:

☐ The products are original packaging and unused!

☐ The products are not original packaging, but unused!

☐ The products were used!

In case the products have been used, please make sure that the product have been reprocessed before return and please fill out the following decontamination certificate.
Non-reprocessed products will be returned unopened on your own expense!

☐ Enclosed medical device **has not** been in contact with blood, tissue or other human body substances and does not contain any hygienic risk.

☐ Enclosed medical device has been in contact with blood, tissue or other human body substances . The product has been cleaned, disinfected, sterilized in according the applicable hygiene requirements for medical devices and the manufacturer's instructions and does not contain any hygienic risk.

Information about cleaning, disinfection and sterilization:

☐ Cleaning and disinfection by machine / manual

☐ Steam sterilization (3 min at 134°C)

☐ Other procedure (specify):

☐ The enclosed medical device could not be reprocessed.
Reason:

We hereby confirm the proper decontamination according to international standards ans guidelines.

Date	Company / department	Signature, Company Stamp