

Dear Sir/Madam,

thank you for your message. We are sorry to hear about the dissatisfaction with one of our products. In order to proceed with your enquiry as quickly as possible, we will need further information from you. Therefore, we have to ask you to complete below questionnaire in detail and return it to service@inomed.com and gm@inomed.com soon as possible. Following your reply, we will be able to process your complaint and respond in a timely manner.

Thank you for your time and understanding.

Contact details			
Facility / Office or Hospital name:			
Street:			
ZIP-code/city:		Country:	
Surname, first name:			
Phone number:			
E-Mail:			
Details to product identification			
Article number / REF:		<input type="checkbox"/> Software	
SN / LOT:			
Software-version: <small>To be filled in if a cross has been set for 'Software' above.</small>			

1. Fault description		
<p>Please describe the fault in as much detail as possible.</p> <p>If possible and where available, please send additional documentation, such as pictures, log entries and log files.</p>		
2. When did the fault occur?		Date:
<input type="checkbox"/> during transport	<input type="checkbox"/> at procedure preparation	<input type="checkbox"/> during reprocessing
<input type="checkbox"/> during unpacking	<input type="checkbox"/> during the procedure	<input type="checkbox"/> remarks: _____
3. How often does the error occur?		
<input type="checkbox"/> always	<input type="checkbox"/> intermittent	<input type="checkbox"/> one-time
<input type="checkbox"/> after ____ min	<input type="checkbox"/> after ____ h	<input type="checkbox"/> daily ca. ____ /x times
Remarks: _____		

4. Please describe the procedure in as much detail as possible

Wich devices (including third-party devices such as RF generators) and accessories were used (if applicable, small schematic with electrode placement)?

What type of procedure was it and during which action did the fault happen?

5. Information about reusable accessories

How many application cycles have the accessories already been used? Please let us know the reprocessing parameters used.

6. Have patients, users or third parties been harmed?

☐ Patient ☐ User ☐ Third ☐ Nobody was harmed

If someone has been injured, please describe the damage:

7. Was the procedure cancelled or extended as a result of the complaint?

☐ Cancellation of the procedure ☐ Extension of the procedure ☐ No impact

☐ Further/new treatment/surgery

If yes, which one: _____

8. Was the complaint already reported to the authorities?

☐ No ☐ Yes

If yes, case number / name of authority: _____

Will the device / accessories be returned to inomed Medizintechnik?

☐ Yes ☐ No, remarks: _____

Note:

Please mark the returned goods so that it is clear that it is a complaint and that it can be recognised if it is contaminated. Please do not sterilise disposable products before sending them in.

Return address:

inomed Medizintechnik GmbH

Attn: Service-Department

Im Hausgrün 29

79312 Emmendingen

Customer:
Date, signature: