



# Return Merchandise Authorization (RMA)

according to DIN EN ISO 9001 | DIN EN ISO 13485

Anlage	19.7
Version	9.0
Seite	1 von 1

To submit a Return Merchandise Authorization (RMA) request, complete the following form. In order to expedite your request, please complete all information requested below. **ENCLOSE COPY OF THIS FORM WITH RETURN SHIPMENT.** Return the completed and **signed** form together with the defective coil/item to:

RAPID Biomedical GmbH  
Kettelerstraße 3 - 11  
97222 Rimpfing  
Germany  
service@rapidbiomed.de

## Contact Information (complete institute's address and contact data are **mandatory** for RMA processing):

Sender's Contact	name, E-Mail address and telephone number
Technical Contact	name, E-Mail address and telephone number
Your Reference No.	(if applicable)

## Sender's Address (mandatory for RMA processing)

## Return Delivery Address (if different from sender's)

full institute's name	full institute's name
department	contact person's name
street (no P.O. box)	E-Mail address and telephone number
city, ZIP code	department
country	street (no P.O. box)
	city, ZIP code
	country

## Reason for Return or Description of Problem (mandatory for RMA processing)

Coil / Product Type	i.e. volume coil / surface coil / animal holder / ...
Product ID (please see label)	i.e. V-HQ-070-01234-001 / LHRXGS-01234-001 / ...
Description of Defect	please describe what kind of failure occurred

Payment for **Non-Warranty** Repairs :

I will accept invoices up to 1 500 USD / 1 500 EUR

I need a cost estimation prior to repair

**Important:** The shipper and signer of this form are both liable for any harm or damage caused due to non-compliance of this disclaimer.

By signing the RMA form, I agree to the terms and conditions set forth on this form.

**place and date**

**authorized signature**

please sign and print your name above