

## B. BRAUN REPAIR FORM (cost center 223684400)

Send to:

B. Braun Melsungen AG  
Wareneingang - Service  
Schwarzenberger Weg 73-79  
D-34212 Melsungen Germany

Date:

Sender information\*:

Name of company:

Name of department:

Address:

Postal Code:

City:

Country:

Responsible person:

☎:

✉:

Rekv no.:

EAN/GLN :

Product information\*:

Product name:

Serial no:

Date of purchase:

- Repair/service should be made on-site
- Return to B. Braun Medical A/S, Dirch Passers Allé 27, 3 sal, 2000 Frederiksberg, Denmark
- Return device and service report to sender address
- Send service report by email to [tech-service.dk@bbraun.com](mailto:tech-service.dk@bbraun.com)

Description of the defect:

The described defect appears\*:

- Occasionally
- Permanently

Product under warranty?:

- No
- Yes

Technical Safety Check (TSC)

- Yes

If failure is not covered by warranty - should we proceed with the repair?

- No
- Yes

If more than TSC is required - should we proceed with the repair?

- No
- Yes

### Important!

All articles sent for repair must be disinfected and cleaned. Please also ensure that the shipment is packed properly and ready for pickup at the central goods receipt. This declaration must be included in the the shipment for repair and emailed to:

**[tech-service.dk@bbraun.com](mailto:tech-service.dk@bbraun.com)**

**All inquiries regarding repairs must be sent to: [tech-service.dk@bbraun.com](mailto:tech-service.dk@bbraun.com)**

Thank you for your cooperation.

\* all fields marked with red outline must be filled

B. Braun Medical A/S | Dirch Passers Allé 27, 3. sal | 2000 Frederiksberg | Tlf. 33 31 31 41 | [www.bbraun.com](http://www.bbraun.com)