

After Sale Service Form

Please send this form filled in to sav_milian@milian.com and add it to your package

Date :

CONTACT DETAILS

Company :

Client number :

Laboratory :

Address :

Postcode :

City :

Contact :

Phone :

Email :

DEVICE

- Sent by the customer
 Collected by the sales representative or technician

Brand :

Model :

Serial number :

Under warranty : Yes No N/A

Describe the encountered problem :

Power supply included : Yes No

AFTER SALE SERVICE INTERNAL FILE

File number :

REPAIR STATUS

Reception

Under repair

Ready to dispatch

Non-contamination certificate

In order to protect our employees, no repair, maintenance, return or calibration is possible without our non-contamination certificate duly completed and signed by an authorized person. If the returned device does not include this declaration, we reserve the right to refuse it or to decontaminate the device at your expense. It must be clearly visible on the outside of the package.

Has the device been in use? yes no
 Has the device been cleaned? yes no

Substances in contact with the device :	Yes	No	If yes, please specify :
Blood, body fluids, pathological specimens			
Infectious or biochemical substances			
Controlled medical waste			
Chemicals or substances hazardous to health			
Radioactive substances			
Other dangerous or toxic substances			

Please describe the measures for decontamination :

By my signature, I declare that the information given above is true and complete. The device was cleaned thoroughly and decontaminated. It pose no danger through bacteriological, chemical, radiological and / or viral contamination.

Company :

Date :

Name :

Job title :

Signature :

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