

RETURN OF MEDICAL DEVICE FOR SERVICE OR REPAIR

Please complete one form **per device**. Print a copy to include in the box with returned device.

Any device returned to Fresenius Kabi must be decontaminated.

I have decontaminated this device Yes ☐ No ☐

Contact details for quote acceptance (if a quote is required)

Name: Hospital:
Email: Phone:

Please specify the serial number of the device being returned:

What device are you returning?

☐ Agilia Volumat ☐ Agilia Injectomat
☐ Agilia VP ☐ Agilia SP
☐ Agilia Link ☐ Other

Accessories being returned with device:

Power cord ☐ Drop sensor ☐ Case ☐ Other _____

Please provide a detailed description of the fault?

If you would like Fresenius Kabi to arrange pickup please provide details below:

Contact name: Contact phone:
Contact email:
Pickup address:
Any special pickup instructions:

Pickup time available from: to:

Are you returning the devices using your own courier? If so please provide details:

Courier name: Tracking reference:

Device should be returned to: Fresenius Kabi, Unit 2, 18 Powers Road, Seven Hills, NSW 2147

Email a copy of this form to technical.service-au@fresenius-kabi.com once complete.

Once received, we will book a courier pickup for the next business day, if required, and provide you courier labels to affix to the outside of the box of the device being returned.

To speak with our technical services team please call: **1300 MYKABI (1300 69 52 24)**