

Verathon Medical Return Authorisation Request

Please return via email: serviceanz@verathon.com or fax: +61 2 8281 5555

When shipping your device please disconnect any probes/cables from the console/monitor and remove any batteries where possible.

Date

Company name
(equipment owner)

Address

Contact name

Department

City

Phone

State

Post code

Email

Country

Product/Model

Serial number(s)

Date the incident occurred
(when you became aware of issue)

Reported malfunction
(what is the issue you are experiencing,
please be as specific as possible)

When was the malfunction identified? Patient procedure Set-up Cleaning Inspection Other

Is product being returned to Verathon? Yes No

Patient Age Weight kg Gender Male Female

Was the product being operated according to the instructions and labeling? Yes No

Report of Patient or User Death? Yes No

Report of Patient or User Injury? Yes No

Report of device fire, battery explosion, electric shock? Yes No

Report of medical intervention due to complaint event? Yes No

Report of compromised product sterility (STATS and TiSU blades only) Yes No N/A

Report that the malfunction occurred during an emergency care procedure and resulted in delayed treatment? Yes No