



MIBA SNIPS CC TRADING AS MEDEQUIP.

REQUEST QUALITY INVESTIGATION (RQI)

DATE :

(Faulty within warranty period)

1.PRODUCT INFORMATION .

Item (product code - one item per form):

Lot/Serial number :

(One lot, batch,serial no per form):

Affected quantity :

Describe the quality issue or event in detail – tick a description below.

--- During incoming inspection or during review of inventory on hand.

--- Prior to use on a patient during inspection/functionality testing (not during incoming inspection or inventory check)

--- Post cleaning/reprocessing during inspection of the device

--- During product training/demonstration (not in use during treatment or procedure on a patient)

--- During an operation

--- Any other – describe briefly here

2.YOUR CONTACT INFORMATION .

Your name :

Telephone number :

E Mail address :

Hospital name :

Hospital address :

3. PLEASE SEND THIS COMPLETED FORM TO returns@medequip.co.za

DO NOT RETURN THE FAULTY INSTRUMENT UNTIL WE AUTHORISE THIS BY SENDING YOU AN RMA NUMBER. THE COMPLETED RMA FORM MUST BE INSIDE THE PARCEL, AND THE RMA NUMBER MUST BE WRITTEN ON THE OUTSIDE OF THE PACKAGE YOU RETURN. IF WE DO NOT RECEIVE THE ITEM WITH AN RMA NUMBER WITH 30 DAYS AFTER YOU RECEIVED THE RMA NUMBER FROM US, THE RMA NUMBER WILL BE CANCELLED AUTOMATICALLY FROM OUR SYSTEM. THANK YOU. (RMA = RETURN MATERIAL AUTHORISATION FORM)