



# ENDOSCOPE REPAIR FORM

**Complete this form and include a copy with your instrument.** In order to facilitate the service of your scope, please return a completed copy of this form with the equipment and keep a copy for your records.

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Department: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Job Title: \_\_\_\_\_

Instrument Model Number: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Leak Test:  Pass  Fail Comment: \_\_\_\_\_

Image Quality:  Pass  Fail Comment: \_\_\_\_\_

Is this equipment being sent in for a Service Contract maintenance checkup?  Yes  No

SERVICE ISSUE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you consider this a Complaint as defined by FDA-GMP's – 21 CFR 820.798:  No  Yes

Reprocessing Method: *I certify this equipment has been reprocessed as indicated below:*

Cidex OPA  Gluteraldehyde  Other: \_\_\_\_\_

Custom  Medivator  Steris  J&J  Other: \_\_\_\_\_  
Ultrasonics

UNABLE TO REPROCESS DUE TO FAILED LEAK TEST (*Scope must be wiped down, channels must be flushed and scope must be red-bagged prior to shipment. For further instructions, please refer to Chapter 8 of the Operation manual.*)

Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

NOTICE: In the event that the returned scope has not been reprocessed, Axium Medical reserves the right to charge the customer a \$150.00 reprocessing fee. This amount will be added to the cost of repairs.

Purchase Order Number: \_\_\_\_\_

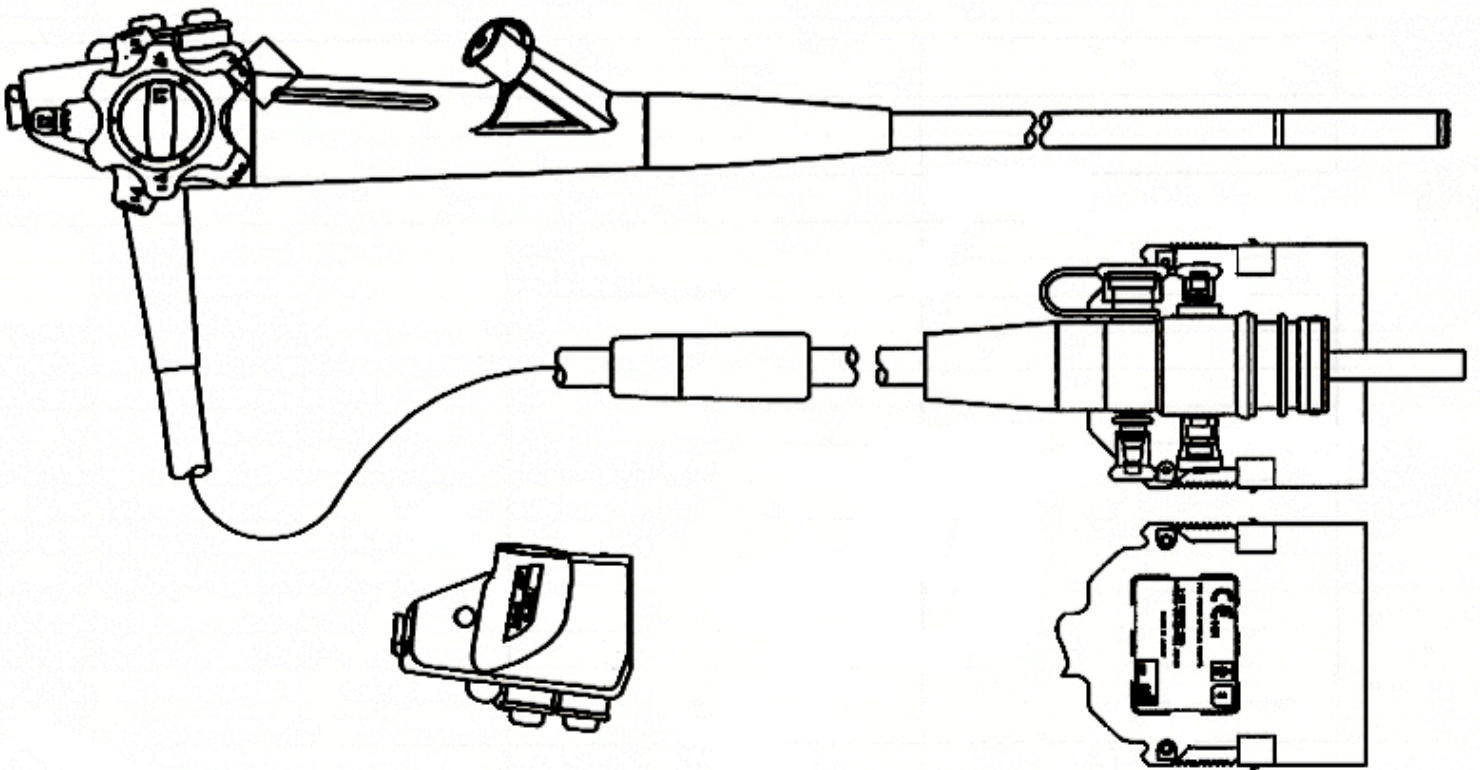
Send Repairs to:

**Axium Service Center**  
**2107 Emmorton Park Road, Suite 105**  
**Edgewood, MD 21040**  
Phone: 910-454-0299 / Fax: 910-454-0576

**IF EQUIPMENT HAS AN IMAGE PROBLEM**

**PLEASE AFFIX PICTURE HERE**

**PLEASE HIGHLIGHT AREA NEEDING REPAIR**



**PROBLEM DESCRIPTION:**

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