

To expedite your service request, please complete this form and enclose it with your instrument. If you do not have a Service Agreement with Olympus, we will contact you with an estimate and the completion date for your repair service. For assistance, please contact us at 800-537-5739 or online at [www.OlympusAmerica.com/service](http://www.OlympusAmerica.com/service) portal.

Service Agreement Customer?  Yes  No

*(Save time and money by becoming an Olympus Service Agreement customer and the shipping is on us! Call today for details.)*

Date Shipped: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Service type:  Endoscope  Telescope  Accessories  Electronics

Model No.

Serial No.

## 1 Reprocessing Verification

Medical equipment that comes into contact with potentially infectious materials must be decontaminated (cleaned, and then disinfected or sterilized, as appropriate) before being sent to Olympus. Customers are responsible for complying with applicable federal, state, and local laws and regulations regarding decontamination of medical equipment. Please verify that the accompanying medical equipment has been:

cleaned AND  disinfected, and/or sterilized prior to shipment  
*(initial) (initial)*

## 2 Problem Description

To help investigate, please be specific: \_\_\_\_\_  
\_\_\_\_\_

Did this occur during a procedure?  Yes  No  Unknown

Was there a death or injury?  Yes  No  Unknown

## 3 Facility Information

Facility Name: \_\_\_\_\_ Department: \_\_\_\_\_

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

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

## 4 Contact Information

Name of person to contact about repair: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

### For Expedited Service

If using a purchase order, Olympus is authorized to complete your repair up to and including the amount indicated:

<input type="radio"/> Up to \$500	<input type="radio"/> Up to \$1,000	<input type="radio"/> Up to \$1,500
<input type="radio"/> Up to \$2,500	<input type="radio"/> Up to \$4,000	<input type="radio"/> Up to \$5,000
<input type="radio"/> Other preapproved amount \$ _____		

Service Agreement No. or Purchase Order No. \_\_\_\_\_

Name of person approving repair: \_\_\_\_\_ Title: \_\_\_\_\_

Approving Signature: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Extension: \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail: \_\_\_\_\_