

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 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: _____