**Customer repair / Returns form**

1. **Customer Details (to be filled in by customer)**

**Please send completed form to rsch.hpleme@nhs.net**

HPL Use: RMA Number

XXXXXX

|  |  |
| --- | --- |
| **HOSPITAL NAME** |  |
| **TRUST** |  |
| **FULL ADDRESS & DEPARTMENT** |  |
| **POSTCODE** |  |
| **CONTACT NAME** |  |
| **CONTACT NUMBER**  |  |
| **EMAIL ADDRESS** |  |

1. **Device Details ( to be completed by customer )**

|  |  |
| --- | --- |
| **Device type**  |  |
| **Serial number** |  |
| **Asset number**  |  |
| **Description of fault**  |  |
| **Purchase order number** |  |

**Please include a copy of this form with the shipment**