**[](http://internal.fenwal.corp/) EQUIPMENT REPAIR REQUEST FORM**

**Email form to:** [**techs@intermountainbiomed.com**](mailto:techs@intermountainbiomed.com)

|  |  |
| --- | --- |
| **Complete, email and include a copy of this form with the instrument(s) you are sending in for repair.**  **Use your shipment tracking number as your Return Martial Authorization (RMA) number.**  **Please fill in the following information:** | |
| **Return Martial Authorization (RMA) number** |  |
| **Type of Instrument:** |  |
| **\*Main Unit S/N:** |  |
| **Today’s Date (Notification Date):** |  |
| **List all included Accessories (Required)** |  |

**\*Main Unit Serial Numbers must be provided to track repairs.**

**Send your instrument via a courier such as Federal Express or UPS. This will provide a tracking number if your shipment is lost.**

**We recommend that the instrument(s) is securely packed to prevent damage during shipping.**

**Customer Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Customer Facility:** |  | | | | |
| **Contact Person** |  | | | | |
| **Email:** |  | | | | |
| **Phone Number:** |  | | | | |
| **Ext:** |  | | | | |
| **Ship-To Address:** |  | | | | |
| **Street:** |  | | | | |
| **City:** |  | **State:** |  | **Zip Code:** |  |

**Repair Information**

|  |  |  |
| --- | --- | --- |
| **\*You may be contacted for further details.** | | |
| **Reported Problem with the device:**  **Provide as much information as possible.** |  | |
| **Please indicate if a quote is needed before we proceed with repair.** | | **Yes / No** |
| ***NOTE: If the decision is made not to repair the instrument after an estimate has been provided, it will be shipped back and there will be a flat rate assessed for processing and return shipping.*** | | |

**Technical Services Repair Facility .**

**Intermountain Biomedical Services**

**9499 South 670 West, Sandy UT 84070**