

Please **FAX** or **MAIL** the completed form back to the ASSKEA GmbH!  
Fax no.: +49 (0) 36201-5797-33  
E-Mail: [Ruecksendung@asskea.de](mailto:Ruecksendung@asskea.de)

**Date of notification:**

**Return type:**

service     complaint     repair     reconditioning

**Customer information:**

Your company:

Your customer ID:

Contact name:

E-Mail:

Address:

Tel:

Fax:

**Product return information:**

Item no. (REF):

Quantity:

Product type:

Tracheal aspirator     Wound therapy system  
 Cuff aspirator     Ped aspirator     Accessory

Serial number:

Additional product description:

Problem description:

Guarantee

Estimate of cost

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**Statement of Non Hazardous Shipments**

- We certify that the return shipment requested herein has not been in service and is in the original packing.
- We certify that the return shipment requested herein has been in service and has been cleaned for shipment and subsequent inspection.