

Equipment Repair / Replacement Form

Please contact the CardioScan Helpdesk on 1300 CARDIO (1300 227 346) or email helpdesk@cardioscan.com.au for a job number prior to sending equipment.

All information is required to be filled out. If this form is incomplete CardioScan Helpdesk/Biomed will automatically reject the request.

Equipment Details	
Job Number (CardioScan will provide Job No. Please ensure you have the job number before sending equipment):	
Please place the form inside the box or bag with the equipment and place the job number on the form and on the outside of the box/bag.	
Equipment:	Date Sent to CardioScan:
<input type="checkbox"/> ECG <input type="checkbox"/> Leads <input type="checkbox"/> Power <input type="checkbox"/> Modem <input type="checkbox"/> RP (black box) <input type="checkbox"/> Charger <input type="checkbox"/> ABPM <input type="checkbox"/> Pouch <input type="checkbox"/> Cuff-L <input type="checkbox"/> Cuff-M <input type="checkbox"/> Cuff-S <input type="checkbox"/> Download Cable <input type="checkbox"/> Case <input type="checkbox"/> HOLTER <input type="checkbox"/> Leads <input type="checkbox"/> Pouch <input type="checkbox"/> Strap <input type="checkbox"/> Belt <input type="checkbox"/> Cards <input type="checkbox"/> Case <input type="checkbox"/> Other equipment (Please specify):	Date Received at CardioScan:
Please tick box to indicate what equipment/accessories are being sent to CardioScan.	Serial Number:
	Barcode Number:
Fault Description:	
Senders Details	
Please Tick ONE of the following:	
<input type="checkbox"/> Collection Centre <input type="checkbox"/> Collection in Medical Centre <input type="checkbox"/> Collection in Hospital <input type="checkbox"/> Ward in Hospital <input type="checkbox"/> Cardiology Clinic <input type="checkbox"/> GP Clinic <input type="checkbox"/> Other	
Contact name:	Phone: ()
Organization:	Department:
Return equipment address	
Contact Name:	Contact Number:
Building Name:	Department:
Ward/Level/Suite:	Street Number:
Street Name:	Suburb:
State:	Post Code:

**Ship faulty goods with this form to
CARDIOSCAN, LEVEL 3, SUITE 301, 293 CAMBERWELL ROAD, CAMBERWELL, VIC 3124**

CardioScan to complete	
Biomedical Engineer Report:	
Shipping method:	<input type="checkbox"/> Registered Post <input type="checkbox"/> FedEx <input type="checkbox"/> INTERNAL COURIER

CARDIOSCAN BIOMEDICAL ENGINEER SIGNATURE _____

DATE: / /