FRESENIUS KABI

Service Request Form

RGA#:

Request for Service Instructions
1. Complete sections A – E and email completed form to canada_customerservice@fresenius-kabi.com. One form per each main unit.
2. Once we receive and process your request, we will provide you with a Return Goods Authorization (RGA) number.
3. Package the device securely, place a copy of this form in the box.
4. For requests for multiple PM/Repair, please attach the designated Excel file with a list of all serial numbers and check this box. ☐

Section A: Device Information (Main unit serial number must be provided – refer to device product label)					
Main Unit Serial #:	**Product Name:**	☐ Agilia SP	☐ Ambix Activ	☐ Amicus	☐ CompoLab TM
		☐ Agilia SP PCA WiFi CA	☐ AmbixNova	☐ Aurora	☐ CompoSeal Mobilea II
		☐ Agilia VP MC WiFi	☐ Amika+ CDN	☐ CompoGuard	☐ Other:_____

Section B: Customer Information					
Name of Customer Facility:					
Contact Person:					
Email:					
Phone Number:		Ext.			
Return Shipping Address:					
City:		State:		Zip Code:	

Section C: Service Information (Provide as much detail as possible)			
Date and time of failure (if known):	(DD-MMM-YYYY Format)		
Problem reported with the device or reason for service:			
When was the problem detected:	☐ Before use	☐ During set up	☐ During priming
	☐ During procedure/process	☐ After procedure/process	☐ Other:

Section D: Quality Information (All eleven quality questions must be answered before an RGA is issued)			
Question 1: Was there an adverse event or patient / donor affect?			
☐ Yes (provide details below):	☐ No	☐ Unknown	
Question 2: Was there any therapy interruption?			
☐ Yes	☐ No		☐ Not Applicable
Question 3: List name of any drug administered.			
☐ Drug Name:		☐ Unknown	☐ Not Applicable
Question 4: Which component is faulty? (For VSS issue)			
☐ VSS Component Name:		☐ Unknown	☐ Not Applicable
Question 5: Did you recently upgrade the device, VSS, WiFi?			
☐ Yes	☐ No	If Yes, From version: _____	To version: _____
Question 6: If it is a WiFi issue, is it the first time the WiFi was setup on the pump?			
☐ Yes If yes, WiFi SW version: _____	☐ No		☐ Not Applicable
Question 7: Was there any infusion interruption?			
☐ Yes	☐ No		☐ Not Applicable
Question 8: What were the flowrate settings? (Please provide below)			
_____			☐ Not Applicable
Question 9: What was used with the infusion pump? (For SP, syringe brand and size; for VP, set and bag manufacturer & product codes)			
SP: _____	☐ Not Applicable	VP: _____	☐ Not Applicable
Question 10: Who was the original person who reported incident (include contact information)?			
☐ Same contact as above	☐ Other, enter below:		
Contact Name: _____	Phone: _____	Title: _____	

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Depot Service Request Form

Question 11: In case a patient was involved, could the operator successfully intervene and how?
☐ Not Applicable

Section E: Payment Information
1. Is the device under warranty or a service contract?
☐ Yes ☐ No ☐ Unknown
2. Please confirm how you plan to pay for service.
PO#_____ Credit Card#_____ Other:_____
3. If there are any billing questions, whom should we contact?
☐ Same contact as listed in Section B ☐ Other, enter below:
Contact Name: _____ Phone: _____ Title: _____

Section F: Shipping Information
Please pack your device in the original packaging provided or in adequate packaging that will protect the device from possible damage during shipping to the service center. Once an RGA# is provided, please write at the top of the first page of this form and on the outside of the packaging that the device will be shipped in and address to:
Fresenius Kabi Canada Attn: Technical Service 165 Galaxy Boulevard Suite 100 Toronto, Ontario M9W 0C8

For assistance filling out this form or any related questions, please call: (877) 821-7724

End of Form