

Service Repair Sheet SRS68600

Contact Name

Company/ Hospital Name

Department

Position

Direct Phone

General Phone

Opera Account

Email

Order Number

Date Received

Booked in By

Main Company

Type Return

Greg Esterhuysen

Estron Medical Services

0027219452297

021 591 2179

00007043

info@estron.co.za

17/Oct/2023

Robert Connor

Viamed

Warranty

VIAMEDclean

Goods In Only

Decontamination
certificate provided
by customer ☐

Cleaned by Viamed,
if no declaration certificate
from customer ☒

Signed: RC
Date: 17/10/23

Goods Out Only

Cleaned by Viamed before
returning to customer

Signed: _____
Date: _____

Notes 11/Oct/2023 Ryan Swaine

11/Oct/2023 Ryan Swaine

2x MySign O monitors. sn. 103561, 103558. Not turning on, batteries and power supplies have been swapped over and the problem persists.

17/Oct/2023 Robert Connor

Received 2 x Mysign O s/n 103558, 103561, with 2 x power supply and 2 x US power adapter.

Ready For quote

Repair Complete Signed

CCNeon 23-11-23

SRN	Equipment	Stock Ref	Serial Number	Warranty
SRN36070	Oxygen Monitor	0111277	103558	Yes
SRN36071	Oxygen Monitor	0111277	103561	Yes

0140138 x 2 FOC

S/N's SRS SRN'S

UPS x 1 FOC.

COMMERCIAL INVOICE

INVOICE PAGE 1 of 1

Waybill Number: <u>Y006 956 4069</u>											
Exportation: <u>18/04/2023</u>	Export References: <u>UPS</u>										
Invoice Number: <u>0012</u>	Invoice Date: <u>02/10/2023</u>										
Shipper/ Exporter: Name <u>GREGORY ESTERHUYSEN</u> Company <u>ESTRON MEDICAL SERVICES</u> Telephone Nr <u>+27219452297</u> Street Address <u>32 4TH AVENUE</u> City <u>BOSTON</u> State <u>CAPE TOWN</u> Zip/ Postal Code <u>7530</u> Country <u>SOUTH AFRICA</u>											
Consignee/ Recipient: Name <u>RYAN SWAINE</u> Company <u>VIAMED LTD</u> Telephone Nr <u>+44 (0) 1535634542</u> Street Address <u>15 STATION ROAD, CROSS HILLS</u> City <u>KEIGHLEY</u> State <u>WEST YORKSHIRE</u> Zip/ Postal Code <u>BD20 7DT</u> Country <u>UNITED KINGDOM</u>											
Shipper's Exporters Code: <u>CU20156886</u>	Recipient's Importers Code:										
Shipper's Email address: <u>info@estron.co.za</u>	Recipient's Email address: <u>ryan.swaine@viamed.co.uk</u>										
Reason for Export (Check one): <table border="0"> <tr> <td>Catalogue/ Order Return <input type="checkbox"/></td> <td>Mutilated Samples (no resale) <input type="checkbox"/></td> </tr> <tr> <td>Commercial Sale <input type="checkbox"/></td> <td>Personal Effects (used goods) <input type="checkbox"/></td> </tr> <tr> <td>Gift (unsolicited) <input type="checkbox"/></td> <td>Personal use (new, no resale) <input type="checkbox"/></td> </tr> <tr> <td>Intra-Company Transfer <input type="checkbox"/></td> <td>Return and Repair <input checked="" type="checkbox"/></td> </tr> <tr> <td>Marked Samples (no resale) <input type="checkbox"/></td> <td>Return After Repair <input checked="" type="checkbox"/></td> </tr> </table>		Catalogue/ Order Return <input type="checkbox"/>	Mutilated Samples (no resale) <input type="checkbox"/>	Commercial Sale <input type="checkbox"/>	Personal Effects (used goods) <input type="checkbox"/>	Gift (unsolicited) <input type="checkbox"/>	Personal use (new, no resale) <input type="checkbox"/>	Intra-Company Transfer <input type="checkbox"/>	Return and Repair <input checked="" type="checkbox"/>	Marked Samples (no resale) <input type="checkbox"/>	Return After Repair <input checked="" type="checkbox"/>
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Marked Samples (no resale) <input type="checkbox"/>	Return After Repair <input checked="" type="checkbox"/>										
Other: <u>Send to Recipient (VIAMED) for repair and to be returned to Shipper (Estron Medical Services) after repairs.</u>											
Importer (If other than Consignee) Name _____ Company _____ Telephone Nr _____ Street Address _____ City _____ State _____ Zip/ Postal Code _____ Country _____ Email address: _____											

Country of Manufacture	Quantity	Full Description of Goods (What is it? what is it made of? How/where will it be used?)	Unit Value	Total Value
UK	2	FAULTY MYSIGN MEDICAL OXYGEN ANALYZERS P/N: E1001844 The above analyzer are used to analyze and monitor situations in patient care and emergency medicine required for anesthesia and neonatal applications. Each analyzer has a serial number. 103561 & 103558.	\$80	\$160.00
			Currency	USD
			Freight Charges (If Known)	
			Insurance Charges (If Known)	
			Total Invoice Value	\$160.00

I DECLARE ALL THE INFORMATION CONTAINED IN THIS INVOICE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Date: 2/10/23 Title: _____
 Name: GREG ESTERHUYSEN Signature: [Signature]

Service Repair Sheet 68600

Contact Name

Company/ Hospital Name

Direct Phone

General Phone

Opera Account

Email

Date Received

Booked in By

Greg Esterhuysen

Estron Medical Services

0027219452297

021 591 2179

00007043

info@estron.co.za

17/Oct/2023

Robert Connor

Repair	Ref	S/N	Equipment Type	Under Warranty
SRN36070	0111277	103558	Oxygen Monitor	Complete - Repaired Time :0 Hour(s)

The MySign O has been tested after a warranty repair. The unit now powers up and works as expected.

Repair	Ref	S/N	Equipment Type	Under Warranty
SRN36071	0111277	103561	Oxygen Monitor	Complete - Repaired Time :0 Hour(s)

The MySign O has been tested after a warranty repair. The unit now powers up and works as expected.
