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TAYLOR SURGICAL INSTRUMENTS PTY.LTD.

STANDARD OPERATING PROCEDURE SOP 43-2 Rev 3

Repair Request Form

Date:	Sales Rep:				
Facility Name:					ac
Delivery Address:					
Manufacturer:	Model Number:	Serial Number: _			Flexible Endoscopes
·	Rigid Endoscop				
Please describe probler	n or work required to be carrie	d out:			Rigid Endoscopes
					Instrument IDentification System Liquid, Plug and Bar code System
Email:		Pre-Approve \$: _			Power Equipment
Please Disinfect All Equ	ipment Prior To Shipment.				
Equipment has been wip	ed down and disinfected?	☐ Ye	es [J No	
Equipment has been sterilised?		☐ Ye	es [J No	Surgical Cameras

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Please send a copy of this form with the goods.