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| --- | --- |
| A picture containing text, font, graphics, logo  Description automatically generated | To process your Return Request, we kindly ask you to fill out this form electronically (please complete all mandatory fields marked with **\***) and send it by email to: |
| Return Request | **rs.returnUKIE@medtronic.com** |

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| **Return Request Form** | | | | | | | | | | | |
| Contact Details | Your Internal Reference/Text  (To be printed on the credit note) | | |  | | | | | | | |
| Company Name**\*** | | |  | | | | | | | |
| Medtronic Account Number | | |  | | | | | | | |
| Contact Name**\*** | | |  | | | | | | | |
| Contact Phone Number**\*** | | |  | | | | | | | |
| Contact Email**\*** | | |  | | | | | | | |
| Pickup Details | Your Internal Pickup Reference  (To be printed on the pickup label) | | |  | | | | | | | |
| Department**\***  (Please ensure carrier has access to the location) | | |  | | | | | | | |
| Pickup Contact Name/Phone Number | | |  | | | | | | | |
| Pickup Address**\*** | | |  | | | | | | | |
| City**\*** | | |  | | | Postal Code**\*** | | |  | |
| Number of Parcels**\*** | | |  | | | Number of Pallets**\*** | | |  | |
| Pickup Date**\*** (DD.MM.YYYY)  (Please ensure goods are packed and labeled) | | |  | | | | | | | |
| Return Reason | Indicate the **Primary Reason** for Return**\*** (mark with an “**X**”).  For Field Action returns a different return form should be used (as described in Field Action communication). | | | | | | | | | | |
|  | Wrong product received | |  | Wrong quantity received | | |  | Damaged Product | | | |
|  | Delivered to incorrect address | |  | Product received twice | | |  | Short Dated Product | | | |
|  | Product not needed anymore | |  | Wrong product/quantity ordered | | |  | Other: | | | |
| Items to be Returned | Invoice Number  or Delivery Note**\*** | | Item Number**\*** | | Quantity**\*** | Unit of Measure**\*** (EA, CT, CA) | | Lot or Serial Number**\*** | | | New Delivery Required? |
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| Please package goods according to instructions that will be provided upon confirmation and remove all labels from the inbound shipment.  If you are returning products containing **hazardous materials**, please answer below questions:   |  |  | | --- | --- | | Are there any visible changes to the battery housing or cable properties, such as melting, unusual color changes, bubbling?  Does the battery feel warm when not in use or did you notice any smoke or fire?  Is there any visible leaking of fluid from the battery? | Yes / No  Yes / No  Yes / No |   Date: | | | | | | | | | | | | | |
| It is at Medtronic’s sole discretion to decide on the physical return of the products. In case you are not required to return the products physically, by completing this form, you formally recognize and accept that the credit equals an express waiver to use the products included in this form and an obligation to dispose of them accordingly. | | | | | | | | | | A white text on a black background  Description automatically generated with medium confidence | | | |