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Gammadata's Repair Number  
(if applicable)

# Service/Repair Form

\* = Mandatory fields

Bill To:	
Company:*	
Department:	
Address:*	
Postcode:*	
City:*	
VAT-number:*	
Contact:	
Email:	
Phone:*	
E-invoice address:	

Ship To: <input type="checkbox"/> Same as Bill to information	
Company:*	
Attention:*	
Department:	
Address:*	
Postcode:*	
City:*	
Email:	
Phone:*	

Your PO #:	
Gammadata's Quotation #:	

Repair cost accepted up to:	
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### Type of Service\*

**Warranty Repair:**   
Enter Original Order No.

**Billable:**   
Enter Purchase Order No.

**Service Contract:**   
Enter Contract No.

Calibration    
  Repair    
  Evaluation  
 Type of Service

**\*Please Note: Gammadata do not accept contaminated goods. Please send a decontamination certificate where applicable\***

**Instrument Contact:\*** \_\_\_\_\_  
Enter Contact Person.

After completing, please save the form and send to:  
[support@gammadata.se](mailto:support@gammadata.se)  
 You will receive an email in return with repair number and instructions

### Gammadata Instrument AB

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# Instrument list\*

Qty:	Model No:	Serial No:	Description of Problem:

Accessories sent with the instrument(s)

Notes/description of problem