**Reparationsanmälan**

**Mottagare: Kunduppgifter:**

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| **VWR International AB** | | | | Kundnummer: | |  | | |
| Teknisk Service | | | | Företag: | |  | | |
| **Domnarvsgatan 2b Port 11** | | | | Kontaktperson: | |  | | |
| **163 53 Spånga** | | | | e-mail: | |  | | |
|  | | | | Telefon: | |  | | |
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| **Avsändare:** | | | | |
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| Instrument: | | | | | | | | |
| Typ: |  | | | | Serie nr: | |  | |
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| Fösäljningsdatum/VWR Order nr: | | |  | | | | | |
|  | | | | |  | | | |
| Garanti: | | | | | Ja | | | Nej |
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| Felbeskrivning: | |  | | | | | | |
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| Ort/Datum: | | | | |  | | | |
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|  | | | | | | | | |
| Vg skicka ett kostnadsförslag: | | | | | Ja | | | Nej |