

CONTACT INFORMATION

Company / Customer (e.g. Distributor/Hospital):	
Name:	e-mail
Address:	Telephone no:
City/Country:	
Other information	

PRODUCT TYPE

Product group		
<input type="checkbox"/> Heliprobe System	<input type="checkbox"/> Diabact	<input type="checkbox"/> IRIS-system
Product		
<input type="checkbox"/> HeliCap (Capsule)	<input type="checkbox"/> Diabact Tablet	<input type="checkbox"/> IRIS 3
<input type="checkbox"/> Heliprobe Analyzer	<input type="checkbox"/> Kit	<input type="checkbox"/> IRIS Doc
<input type="checkbox"/> BreathCard		<input type="checkbox"/> Other
Serial no/Lot. no	Lot no:	Serial no
OTHER		

QUESTION / SUPPORT NEEDED

Description - What has happened?
Message given by Instrument (when applicable)
Other information or question

e-mail to: support@kibion.com