

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