

TRANSCEND SERVICE WARRANTY SHEET

Dealer	Name			
	Address			
	State		Postcode	
	Phone	Work		
		Mobile		
Email				
Unit Under Warranty	Y/N	Date Purchased		
Date Received				

Contact Name				
Patient	Address			
	State	Postcode		
	Country			
	Phone	Work		
		Mobile		
Email				
Unit Under Warranty	Y/N	Date Purchased		
Date Received				

T1/T2 CPAP/EZEX/AUTO

Product Description Part Number				
Serial Number				
Fault Description	# of Yellow LED Lights Flashing 1 to 15			
	Have You Reset (if less than 7 flashes) Hold down power button for 10 secs	Y/N	Please Reset	
Basic Troubleshooting	Check Power Supply*	Ensure Universal Hose Adaptor Seated Properly		Ensure mask assembly properly seated/ secured on user
	Check Filter and clean			
		Ensure Hose Adaptor is not damaged.		Ensure Hose is not old and properly secured

T365 AUTO

Product Description Part Number				
Serial Number				
Fault Description		Error Code on Display Screen		
Basic Troubleshooting	Check power supply if unit not powering up.	Y/N	Please Reset	Hold down power button
			Unit start	Y/N
	Check Humidifier indicators on screen	Refer to user manual Error code symbols are specific to either		1. Clean chamber with distilled water. 2. Wash wick with distilled water. 3. Run Dry Mode (up/down arrow for 30 sec) 4. Remove power cord and reconnect to reset status
	LCD Red Home Icon	Check fault code P56		Hold Power button till Yellow fault LED stops
	Check Filter and clean	Wash and Clean Filter. Replace Filter Regularly		

P4/P8/P10 BATTERIES

Product Description Part Number				
Lot Number				
Fault Description				
Basic Troubleshooting	Has battery being charged.	NO	Charge battery	
	Has battery being charged.	YES	Discharge fully and recharge	
	Has compliance data been checked for leakage levels? High leakage =lower battery performance			Leakage levels _____Lpm

*** Power supply may be damaged due to misuse. Please check with a new power supply. Power supply that has been damaged due to misuse will not be covered by warranty.**

Other Products	
Any Other Comments	

SERVICE PROCEDURE

Please complete the form with as much detail as possible

1. **For CPAP and Batteries please download a compliance and error report.** It is imperative the preliminary steps noted to be undertaken to resolve the issue in the field. This will save the customer and dealer considerable time.
2. **IF A CPAP IS RETURNED FOR ANALYSIS FEE OF \$60 WILL BE CHARGED IF OUT OF WARRANTY. SEE ITEM 7 FOR WARRANTY NOTE.**

PLEASE DEPOSIT THE FEE DIRECTLY TO TRANSCEND CPAP

BSB: 032196 ACC# 528902

Please advise once funds have been transferred.

3. Where a device or devices are returned for analysis/service please send to the following shipping address:

Transcend CPAP Pty Ltd

PO Box 5181

Elanora Heights

NSW 2101

support@minitravelcpap.com

4. **THE COMPLETED SERVICE FORM MUST BE SENT BACK WITH ALL RETURNS.**
5. **FOR WARRANTY PURPOSES WE REQUIRE PROOF OF PURCHASE BY THE CUSTOMER THAT HAS THE DATE (EG INVOICE).**
6. **UNITS THAT SATISFY THE REQUIREMENT FOR WARRANTY WILL BE SERVICED OR REPLACED WITH NO FURTHER CHARGES BEING INCURRED.**
7. **FOR UNITS OUT OF WARRANTY, AN INDICATIVE QUOTE WILL BE PROVIDED.**
8. **PRODUCTS ARE NOT TO BE SHIPPED BACK UNLESS PRIOR APPROVAL IS RECEIVED BY TRANSCEND CPAP PTY LTD. PLEASE SEND FORM TO SUPPORT@MINITRAVELCPAP.COM**
9. **UNLESS OTHERWISE INSTRUCTED RETURN SHIPPING IS THE RESELLERS RESPONSIBILITY.**

10. PLEASE MAKE SURE ANY ITEM THAT IS SENT IS COMPLETELY CLEANED AND SANITISED WITH ANITBACTERIAL WIPES.

11. LIST ITEMS BEING RETURNED

ITEM	COMPLETE LIST ITEMS BEING RETURNED	QTY	TRANSCEND CHECK	VARIANCE	

SEND FORM TO: support@minitravelcpap.com

OFFICE: ONLY

Approved	Y/N
Comments	