



Gaumard[®]
Simulators for Health Care Education

S500.300

SUPER OB SUSIE[®]

USER GUIDE



Super OB Susie[®] is an interactive educational system developed to assist a certified instructor. It is not a substitute for a comprehensive understanding of the subject matter and not intended for clinical decision making.

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1. INTRODUCTION

1.1 SPECIFICATIONS

- » 16 lbs.
- » 35" x 23" x 16" inches

The Super OB Susie birthing torso includes a birthing baby with placenta & umbilical cord, a removable abdominal cover, one installed cervix with one replacement cervix, and one installed birth canal with one replacement birth canal.

1.2 TERMINOLOGY

Facilitator: The person conducting the simulation; an instructor or lab staff member

Provider: A person participating in the simulation as a healthcare provider

Birth canal insert: The structure that includes perineum with rectum, vagina, birth canal and urethra

Postpartum hemorrhage perineum insert: The structure that includes perineum with rectum, vagina, and urethra

Pelvic Opening: The opening in the pelvic region of the trainer for installing the perineum insert

Fill kit: Syringe and tubes used to fill urinary and hemorrhage reservoir

1.3 CARE AND MAINTENANCE

The lubricants and other accessories provided are for use with the accompanying patient simulator only. The lubricants and other accessories are not suitable for human use or medical treatment/diagnosis and should never be used for such purposes.

NOTE: Damage caused by misuse is not covered by your warranty. It is critical to understand and comply with the following guidelines.

General

- Do not wrap this or any other Gaumard product in newsprint.
- Marks made with ballpoint pens, ink or marker cannot be removed.
- Replacement parts are available from Gaumard or from your distributor.

CAUTION: Use the birthing handle provided to avoid damage to the simulator and to yourself.

Storage

- Store the simulator in a cool, dry place. Extended storage should be between 32°F to 85°F (0°C to 29°C). Higher temperatures will cause the material to soften and slowly warp.
- It is acceptable to operate OB Susie at an ambient temperature of 95°F (35°C).
- Humidity: 40%-60% (non-condensing)
- Do not stack or store heavy materials on top of the box.

CAUTION: To avoid damage to the simulator, please store and ship it in the clear poly bag provided.

Cautions

- Treat the skills trainer with the same precautions used with a real patient.
- Have providers wash their hands prior to use to prevent dirt and oils from clinging to the material.
- Do not palpate using fingernails as this may tear the skin: palpate using the pads of the fingers.
- Do not use povidone iodine on the skills trainer as this may permanently stain the simulator.

Cleaning

- Remove all traces of lubricant at the end of each simulation session with a cloth.
- Remove the fluid using the fill kit.
- Flush the fluid reservoirs with a 30:70 mix of isopropyl alcohol to water after each day of simulation then suction all fluid out.
- The simulator is “splash-proof” but not water proof. Do not submerge in water.
- The simulator should be cleaned with a cloth dampened with diluted liquid dishwashing soap.
- Do not clean with harsh abrasives.
- Dry thoroughly after every cleaning.
- After drying, application of talcum powder can return the simulator to its lifelike feel.
- Never drag or slide the simulator during transportation, or damage to the skin may occur.

2. OVERVIEW

2.1 FEATURES

Super OB Susie

- Adult-sized lower torso from diaphragm to quadriceps
- Smooth skin with seamless joints for enhanced realism
- Anatomically accurate pelvic landmarks including ischial spines and coccyx
- Removable pregnant abdominal cover
- Articulating hip joints aid in performing McRobert's maneuver
- Removable cervix and birth canal
- Lifelike placenta with removable cotyledons
- Practice catheterization exercises with patent urethra
- Urine reservoir holds up to 400mL
- Patent rectum accepts suppositories

Birthng Baby

- Full-term neonate has palpable landmarks, articulating limbs, and soft full-body skin
- Seamless, articulated joints
- Nasal and oral cavities
- Palpable fontanelle and sutures
- Smooth, seamless scalp
- Realistically articulating neck and torso
- Detachable umbilical cord and cord stumps for additional cutting and clamping

2.2 PROCEDURES

Super OB Susie

- Execute cephalic deliveries
- Perform Ritgen's maneuver
- Practice breech deliveries (complete, frank, and footling)
- Perform Pinard's maneuver
- Simulate shoulder dystocia
- Practice emergency interventions including McRobert's maneuver,

suprapubic pressure, posterior arm sweep, and Wood's Screw

- Perform placental and umbilical exercises (placental delivery, partial placenta previa, nuchal cord, cord prolapse, and many others)
- Practice Umbilical cord procedures like clamping and cutting
- Demonstrate internal rotation, expulsion, and external rotation

Birth Baby

- Perform operative deliveries with real instruments like vacuum suction delivery and forceps assisted delivery
- Simulate nasal and oral suctioning

2.3 OPTIONAL PACKAGES

Postpartum Hemorrhage Management Package

Postpartum hemorrhage pkg enables the training of postpartum emergency management skills.

Postpartum Hemorrhage Episiotomy Suture Trainer

The episiotomy repair trainers resemble human tissue and support the use of real sutures and instruments

Delivery Assist Mechanism

The delivery assist mechanism manual crank makes controlling descent and rotation virtually effortless

3. INITIAL SETUP

3.1 CARE AND CAUTIONS DURING UNBOXING

- When unboxing the skills trainer, hold and lift from both sides of the torso.
- Do not pull or drag from the upper legs or from the skin as this may cause damage to the simulator.
- Lay on a clean, flat surface for use.

3.2 PACKAGE CONTENTS



- | | |
|---|-----------------------------------|
| 1. OB Susie torso | 7. (2) umbilical cord stumps |
| 2. Pregnant abdominal cover | 8. (2) cervixes (1 installed) |
| 3. Full-term birthing baby | 9. (2) birth canals (1 installed) |
| 4. Birthing handle | 10. Mineral oil |
| 5. Placenta with 2 removable cotyledons | 11. Talcum powder |
| 6. (2) umbilical cords | 12. Fill kit |

3.3 ASSEMBLY

Super OB Susie comes with one birth canal and cervix pre-installed as well as the upper legs in place. The urinary and blood reservoirs are located in the upper legs.

3.4 REMOVING THE ABDOMINAL COVER

1. The abdominal cover attaches with magnets. To remove the abdominal cover, gently lift holding both sides.



2. To secure the abdominal cover, simply orient it with the magnets and press down gently.



CAUTION: Exposure to excessive heat will warp the material inside the abdomen and alignment will be off.

3.5 FILLING THE URINARY RESERVOIR

Before injecting fluid into the reservoir, suction with the syringe provided first. If there is a vacuum effect, it is connected properly. If not, then the fluid line is disconnected. Follow the steps in Section 8.1 “Replacing Upper Legs” to reconnect the fluid tube.

1. Disconnect the urethral extension from the yellow urinary fill port by squeezing the release button.



2. Use the syringe in the fill kit to fill the bladder through this port with up to 400mL of fluid.



3. Reconnect the urethral extension to the yellow urinary fill port.

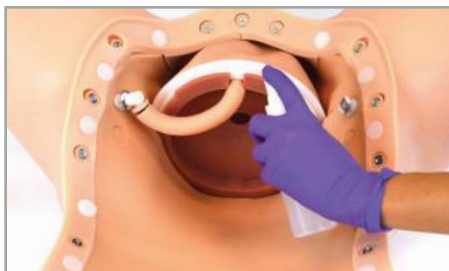
NOTE: Lubricate catheters before each exercise, because larger catheters may cause damage to the simulator. Catheter size 16Fr recommended. Smaller catheters may not seal properly resulting in leaks.



4. WORKING WITH THE SIMULATOR

4.1 PREPARING A CEPHALIC DELIVERY

1. Lubricate the birth canal, cervix, baby, and placenta with a generous amount of the provided lubricant.



NOTE: If there is resistance during the birthing simulation, or you have to provide an unusual amount of force to the birthing baby, it is likely that the birthing baby, birth canal or cervix is insufficiently lubricated. Using generous amounts of lubricant is essential.

2. Connect the umbilical cord to the birthing baby.



3. Secure the umbilical cord to the placenta by twisting it counterclockwise.



4. Position the placenta out of the way of the birthing baby to one side of the abdominal cavity.

- If you are using the birthing handle, refer to steps 5 and 6. If not, skip steps 5 and 6.



5. Pull the groin plug from the birthing baby.

6. Insert the birthing handle into the birthing baby. At this point, you may rotate the birthing baby for the desired presentation.



7. Use the birthing handle to progress the delivery.



CAUTION: Always generously lubricate birthing baby, vulva, and cervix using the lubricant provided with the skills trainer prior to performing delivery exercises. Failure to do so will make deliveries difficult and may damage the products.

4.2 PREPARING BREECH DELIVERY

1. Follow steps 1 through 4 in Section 4.1 “Cephalic Delivery”.

If you are using the birthing handle, refer to steps 2 and 3. If not, skip steps 2 and 3.



2. Remove the fontanelle plug from the birthing baby and insert the birthing handle into the fontanelle region.



4. Place the legs in the desired position; complete, Frank, or Footling

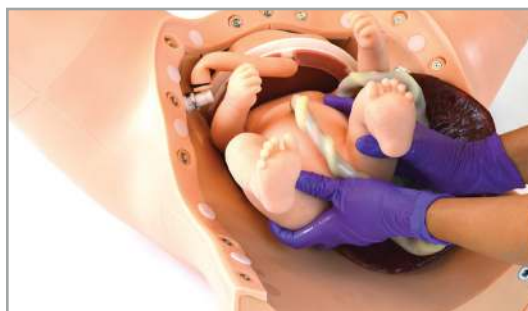


5. To simulate a breech delivery, push the baby using the birthing handle



4.3 SIMULATING SHOULDER DYSTOCIA

1. Follow steps 1 through 4 in Section 4.1 “Cephalic Delivery.”



2. To simulate turtle signs, gently push the birthing baby’s head through the birth canal. The birth canal’s material will be able to provide the necessary resistance to force it back. At this point, the provider may employ any of the maneuvers required.

NOTE: If the birthing baby is pushed past the birth canal, where the cervix or birth canal is below the chin, it will not have the desired effect.



3. When the provider successfully employs the maneuver, continue to push the birthing baby through the birth canal.



4.4 PREPARING PLACENTA AND CORD COMPLICATIONS

Refer to Sections 4.1, 4.2 or 4.3 to complete the following cord complications during procedures or scenarios.

CAUTION: Always generously lubricate the birthing baby, vulva, and cervix using the lubricant provided with the skills trainer prior to performing these exercises. Failure to do so will make deliveries difficult and may damage the products.

Nuchal Cord:

1. Prepare a delivery.



2. Wrap the umbilical cord around the birthing baby's neck.



Partial Placenta Previa

1. Prepare a delivery.



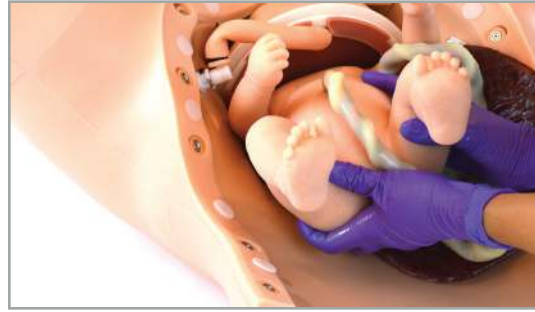
2. Place the placenta partially over the birthing baby's head and side.



CAUTION: Covering the birthing baby's whole head with the placenta will prevent it from moving through the birth canal and may cause tearing.

Cord Prolapse:

1. Prepare a delivery.



2. Pull the umbilical cord partially through the birth canal.



True Knot:

1. Prepare a delivery.



2. Tie the umbilical cord in a knot



4.5 RECTAL SUPPOSITORY

1. Lubricate the suppository for easy insertion.



2. To remove the suppository, gently squeeze the end of the birth canal under the area where the suppository is inserted and guide it out.



4.6 CHANGING THE CERVIX INSERT

1. Detach the urethral extension by squeezing the release button.



2. Gently lift the cervix and birth canal up out of the receiving grooves that hold it in place.



3. Gently pull the cervix away from the birth canal, and slide the urethral extension through the top opening on the cervix.



4. To attach the new cervix, gently pull the urethral extension through its opening.



5. Align the notch on the bottom of the cervix to the groove on the inside of the birth canal.



6. Slide the cervix and birth canal down in the receiving grooves to secure it in place.

NOTE: If the cervix and urethral extension are sticking, you may use a small amount of mineral oil to prevent tearing and ease assembly.



7. Reconnect the urethral extension to the yellow urinary fill port.



4.7 REMOVING THE BIRTH CANAL INSERT

1. Detach the urethral extension by squeezing the release button on the urinary fill port.



2. Lift the cervix and birth canal insert from the receiving slot in the abdominal cavity.



3. To release the cervix from the birth canal insert, slide the cervix out of the notch attaching it to the birth canal insert.



4. Gently pull the urethral extension through the cervix.



5. Locate the posts embedded in the skin on the front of the pelvic opening, and then gently pull the posts out one at a time.



CAUTION: Pulling the skin in areas not near the posts, may cause tearing. Pull close to the posts to avoid damage.



6. Untuck the edges of the birth canal insert from the skin around the pelvic opening and push the insert through the pelvic opening from the outside.



- Slide the urethral extension through the hole on birth canal insert as it is lifted out of the pelvic opening.



4.8 INSTALLING THE BIRTH CANAL INSERT

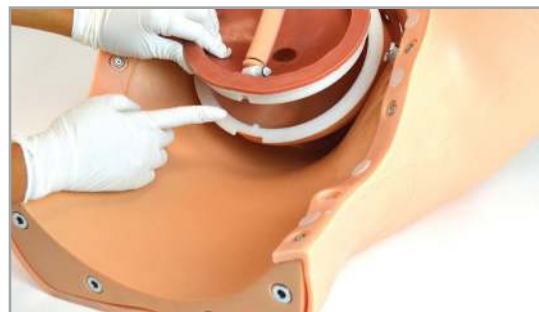
- To attach the new birth canal insert, push the new insert through the pelvic opening from the abdominal cavity.



- Gently slide the birth canal insert into the receiving grooves in the abdominal cavity.



- Connect the cervix to the birth canal insert by placing the groove on the cervix on the receiving notch on the birth canal insert.



4. To secure the birth canal insert on the pelvic opening, tuck in the edges to orient the holes on it with the 6 holes located around the pelvic opening, then gently push the 6 push pins embedded in the skin into each hole.



5. Connect the urethral extension to the yellow urinary fill port.



4.9 DRAINING THE URINARY RESERVOIR

1. Disconnect the urethral extension from the fill port



2. Suction the fluid using the syringe in the fill kit provided until all the remaining fluid is collected. Reference the Cleaning section in section 1.2 “Care and Maintenance” for more details when draining and cleaning the reservoir.



5. OPTIONAL PACKAGE 1

5.1 POSTPARTUM HEMORRHAGE MANAGEMENT PACKAGE

Overview

- Postpartum hemorrhage capability is available through the blood reservoir that holds up to 400mL of fluid.
- Practice catheterization with the urethra that connects to a realistic urinary bladder.
- Adjust uterine tone with the pump attachment.
- Perform fundal massage.
- Practice Bakri balloon tamponade placement.
- Patent rectum accepts rectal suppository administration.

Care and Maintenance

Cleaning

- Drain and flush the uterus, the tubing and the blood reservoir after use.
- Please reference the Cleaning section in section 1.2 “Care and Maintenance” for more details.

Storage

- Storing the PPH uterus in place within the pelvic opening is acceptable.
- Please reference the Storage section in section 1.2 “Care and Maintenance” for more details.

5.2 INITIAL SETUP

Package Contents

1. Postpartum hemorrhage perineum insert
2. Boggy uterus
3. Postpartum hemorrhage cervix
4. Elevating pillow
5. Blood concentrate
6. Fill kit



5.3 FILLING THE HEMORRHAGE RESERVOIR

Before injecting fluid into the reservoir, suction with the syringe provided first. If there is a vacuum effect, it is connected properly. If not, then the fluid line is disconnected. Follow the steps in Section 8.1 “Replacing the Upper Legs” to reconnect the fluid tube.

1. Locate the red fill port



2. Use the syringe in the fill kit to fill the reservoir with up to 400mL of fluid.



5.4 INSTALLING THE CERVIX

1. Insert the cervix into the end of the vagina facing the vaginal opening of the postpartum hemorrhage insert.



2. Gently pull the vaginal wall over the 4 white connectors



3. Secure the cervix to the vagina by inserting the white connectors with the receiving holes of the vaginal wall.



5.5 INSTALLING THE POSTPARTUM HEMORRHAGE PERINEUM INSERT

1. Follow the steps in Section 4.7 “Removing the Birth Canal Insert” to remove the birth canal insert.



2. Place the PPH perineum insert against the outside and push the insert through the pelvic opening.



3. To secure the PPH perineum insert, tuck in the edges to orient the holes of the insert with the 6 holes located around the pelvic opening.



4. Gently push the 6 push pins embedded in the skin into each hole.



5. Connect the urethral extension to the yellow urinary fill port.



5.6 INSTALLING THE BOGGY UTERUS

1. Align the receiving holes of the uterus with the white connectors.
2. To secure the uterus to the cervix, twist it $\frac{1}{4}$ of a turn in the clockwise direction with one hand and hold the cervix with the other hand.
3. Lift the boggy uterus and slide the elevating pillow under it into the receiving grooves.



4. Locate the clamp on the PPH tube and pinch it closed to control the bleeding manually.



5. Connect the clear PPH tube to the blood reservoir.



5.7 WORKING WITH THE SIMULATOR

Boggy Uterus

- To simulate a boggy uterus, squeeze the manual pump attached until the desired size and hardness is achieved.
- As the fundus is massaged correctly, the facilitator opens the valve for the provider, and the boggy uterus deflates until the provider can palpate the firm uterus.



Postpartum Hemorrhage

- To simulate postpartum hemorrhage, unclamp the valve on the bleeding tube

5.8 DRAINING THE HEMORRHAGE RESERVOIR

1. Disconnect the bleeding tube by twisting the lock counter clockwise.



2. Suction fluid out using the syringe in the fill kit until all the fluid is collected.
 - Reference the Cleaning section in section 1.2 “Care and Maintenance” for more details when draining and cleaning the reservoir.



6. OPTIONAL PACKAGE 2

6.1 POSTPARTUM EPISIOTOMY SUTURE TRAINER

Overview

- Practice postpartum suturing using real instruments with the episiotomy repair trainers.
- Realistic soft skin is durable and self-healing for multiple uses.

Care and Maintenance

Cleaning

- Remove all traces of lubricant at the end of each simulation session with a lint-free cloth.
- The perineum inserts should be cleaned with a cloth dampened with diluted liquid dishwashing soap.
- Dry thoroughly after every cleaning.

Storage

- Store the package in its shipping bag in a cool, dry place.
- Do not stack or store heavy materials on top of the inserts.

CAUTION: To avoid damage to the simulator, please store and ship it in the clear poly bag and packaging provided.

6.2 INITIAL SETUP

Package Contents

1. Mediolateral left episiotomy perineum
2. Midline episiotomy perineum



6.3 INSTALLING THE EPISIOTOMY PERINEUM INSERT

1. Remove the birth canal or perineum insert as described in Section 4.7 “Removing the Birth Canal Insert”



2. Gently push the episiotomy perineum insert through the front of the pelvic opening.



3. To secure the episiotomy perineum insert on the pelvic opening, tuck in the edges to orient the holes on it with the 6 holes located around the pelvic opening.



4. Gently push the 6 push pins embedded in the skin into each hole.



5. To remove insert, pull the push pins at the posts and untuck the edges of the perineum insert and push it through the pelvic opening.



7. OPTIONAL PACKAGE 3

7.1 DELIVERY ASSIST MECHANISM

Overview

- The Delivery Assist Mechanism allows for more control during birthing scenarios.
- Control descent and rotation of the birthing baby with minimal effort.
- Pause birthing procedures during descent.

Care and Maintenance

Cleaning

- Remove all traces of lubricant at the end of each simulation session with a lint-free cloth.
- Clean with a cloth dampened with diluted liquid dishwashing soap.
- Dry thoroughly after every cleaning.

Storage

- Do not stack or store heavy materials on top of the birthing mechanism.

7.2 INITIAL SETUP

Package Contents:

1. Mechanism End Plate
2. Crank
3. (4) Screws
4. (4) Knobs
5. Retaining Clip
6. Retaining Clip Screw
7. Installation Tool



7.3 INSTALLING THE BIRTHING MECHANISM

1. To install the crank to the end plate, remove the black screw from the retaining clip and set both aside.



2. Insert the crank into the rectangular opening.
NOTE: The choice of birthing procedure will determine the placement of the birthing crank.



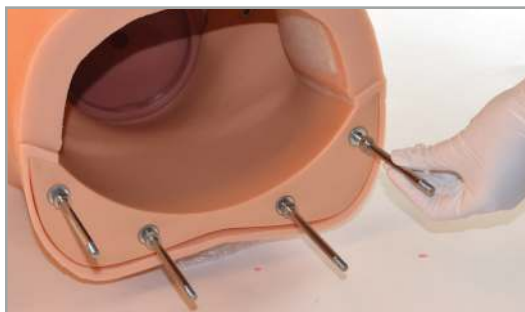
3. Slide the retaining clip into the grooves of the crank and align it to the hole and secure it down with the retaining clip screw.



4. Tighten the screw to secure it in place.



5. Attach the 4 bolts to the end of the birthing torso by screwing them in clockwise.



6. Use the installation tool provided to tighten them.



7. Align the holes on the end plate to the screws on the end of the birthing torso to attach the end plate.

NOTE: If the screws become misaligned, gently guide them back into place to avoid damaging the end plate.



8. Screw the black knobs clockwise to secure the end plate to the birthing torso.



7.4 WORKING WITH THE BIRTHING MECHANISM

Breech Delivery

- To set up a breech delivery, make sure to place the crank with the rod on the top part of it. The label should read "breech" in the upright position.
- Follow the steps in Section 4.2 "Preparing Breech Delivery" to complete a breech delivery scenario using the birthing mechanism.
- Crank the lever clockwise to progress the delivery.

CAUTION: It is important to retract the birthing mechanism fully before placing the birthing baby in the abdominal cavity.



Cephalic Delivery

- To set up a cephalic delivery, place the crank with the rod on the bottom part of it. The label should read "vertex" in the upright position.
- Follows the steps in Section 4.1 "Preparing Cephalic Delivery" to complete a cephalic delivery scenario with the aid of the birthing mechanism
- Crank the lever clockwise to progress the delivery.



8. ROUTINE MAINTENANCE

8.1 REPLACING UPPER LEGS

NOTE: Before replacing the upper legs, make sure to drain all fluid from reservoirs. This is best performed with the aid of another person.

1. Carefully fold down the skin on the upper leg to reveal the 4 posts holding the skin in place.



2. Gently pull the posts out one at a time.



Caution: Pulling the skin may cause tearing. Pull close to the posts to avoid damage

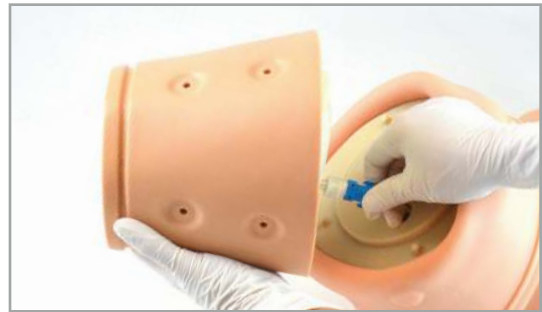
3. Continue to fold the skin down the upper leg to reveal the next 4 posts.



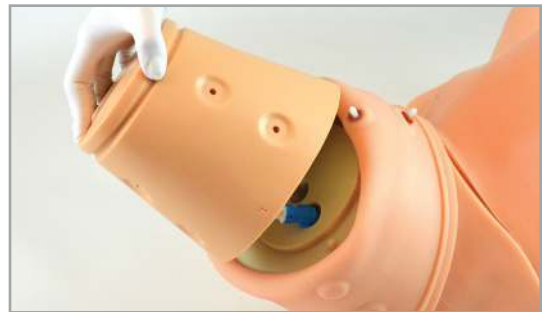
4. Gently pull the posts out one at a time.



5. With one hand, pull the truncated leg gently and unscrew the reservoir tube with the other by turning it counterclockwise.



6. To attach the new leg, connect the reservoir tube by screwing it in clockwise, then pushing it into the leg



7. Connect the upper leg to the torso.



8. Fold the skin back over the upper leg reattaching the first 4 posts.



9. Continue folding the skin up to the next 4 posts and push them into their corresponding holes.
- At this point, the skin can be rolled back into place.



8.2 REPLACING POSTS ON THE SKIN

The skin of the skills trainer has pockets where the posts are inserted. If excessive force is used or the skin is pulled in areas not near the posts, the posts may tear off. To replace the posts that come loose, follow the direction below:

1. Locate the replacement post and apply Loctite 401 to the bottom of it.



2. Tuck the post into the receiving hole and press down firmly.

Allow it dry for 2 to 3 minutes before use.



9. APPENDIX

9.1 PARTS LIST

Product	Item Number	Content
Super OB Susie	S500.300	<ul style="list-style-type: none"> » Pregnant abdominal cover » Full term birthing baby » Birthing baby fontanelle plug » Birthing baby groin plug » Birthing handle » Placenta » 2 umbilical cords » 2 umbilical cord stumps » 2 cervices (1 installed) » 2 birth canals (1 installed) » Mineral oil » Talcum powder » Urinary fill kit
Optional Package 1: Postpartum Hemorrhage Management Package	S500.300.117	<ul style="list-style-type: none"> » Postpartum hemorrhage perineum » Boggy uterus » Postpartum hemorrhage cervix » Blood concentrate
Optional Package 2: Postpartum Episiotomy Suture Trainer	S500.300.133	<ul style="list-style-type: none"> » Mediolateral left episiotomy perineum » Midline episiotomy perineum
Optional Package 3: Delivery Assist Mechanism	S500.300.929	<ul style="list-style-type: none"> » Mechanism End Plate » Crank » Shoulder Sliding Mechanism

9.2 EXCLUSIVE ONE-YEAR LIMITED WARRANTY

Gaumard warrants that if the accompanying Gaumard product proves to be defective in material or workmanship within one year from the date on which the product is shipped from Gaumard to the customer, Gaumard will, at Gaumard's option, repair or replace the Gaumard product.

This limited warranty covers all defects in material and workmanship in the Gaumard product, except:

- Damage resulting from accident, misuse, abuse, neglect, or unintended use of the Gaumard product;
- Damage resulting from failure to properly maintain the Gaumard product in accordance with Gaumard product instructions, including failure to properly clean the Gaumard product; and
- Damage resulting from a repair or attempted repair of the Gaumard product by anyone other than Gaumard or a Gaumard representative.

This one-year limited warranty is the sole and exclusive warranty provided by Gaumard for the accompanying Gaumard product, and Gaumard hereby explicitly disclaims the implied warranties of merchantability, satisfactory quality, and fitness for a particular purpose. Except for the limited obligations specifically set forth in this one-year limited warranty, Gaumard will not be liable for any direct, indirect, special, incidental, or consequential damages, whether based on contract, tort, or any other legal theory regardless of whether Gaumard has been advised of the possibilities of such damages. Some jurisdictions do not allow disclaimers of implied warranties or the exclusion or limitation of consequential damages, so the above disclaimers and exclusions may not apply and the first purchaser may have other legal rights.

This limited warranty applies only to the first purchaser of the product and is not transferable. Any subsequent purchasers or users of the product acquire the product "as is" and this limited warranty does not apply.

[This limited warranty applies only to the products manufactured and produced by Gaumard. This limited warranty does not apply to any products provided along with the Gaumard product that are manufactured by third parties.](#)

For example, third-party products such as computers (desktop, laptop, tablet, or handheld) and monitors (standard or touch-screen) are not covered by this limited warranty. However, third-party products are covered by the warranties provided by the respective third-party manufacturers and such warranties are transferred from Gaumard to purchaser upon purchase of the Gaumard product. Defects in third-party products are covered exclusively by the warranties provided by the third-parties. Gaumard does not provide any warranty, express or implied, with respect to any third-party products. Please contact the third-party manufacturer for information regarding the availability of extended warranties for third-party products. Any waiver or amendment of this warranty must be in writing and signed by an officer of Gaumard.

In the event of a perceived defect in material or workmanship of the Gaumard product, the first purchaser must:

1. Contact Gaumard and request authorization to return the Gaumard product. Do NOT return the
2. Gaumard product to Gaumard without prior authorization.
3. Upon receiving authorization from Gaumard, send the Gaumard product along with copies of (1) the original bill of sale or receipt and (2) this limited warranty document to Gaumard at 14700 SW 136 Street, Miami, FL, 33196-5691 USA.

If the necessary repairs to the Gaumard product are covered by this limited warranty, then the first purchaser will pay only the incidental expenses associated with the repair, including any shipping, handling, and related costs for sending the product to Gaumard and for sending the product back to the first purchaser. However, if the repairs are not covered by this limited warranty, then the first purchaser will be liable for all repair costs in addition to costs of shipping and handling.

9.3 CONTACT GAUMARD

Before contacting technical support, please make sure to have your simulator and user guide readily available.

Email: support@gaumard.com

USA: 800-882-6655

INT: 01-305-971-3790

9.4 GENERAL INFORMATION

E-mail: sales@gaumard.com

USA: 800-882-6655

INT: 01-305-971-3790

Fax: 305-252-0755

Gaumard Scientific
14700 SW 136 Street
Miami, FL 33196-5691
USA

Office Hours

Monday-Friday, 8:30am - 7:30pm EST (GMT-5)



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Always dispose of this product and its components in compliance with local laws and regulations.

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