

Inquiry Form on DS-L4 (photocopy and fill out this form)

In order to answer your inquiry immediately, please fill out the following items.

Date of entry: / /

Contact Information			
Company			
Division			
Contact name			
Address			
Phone number		E-mail address	

Product Information			
Date of purchase	/	/	Store name
DS-L4	Serial no. [] * [SETTINGS] > [DS SETUP] > [MAIN] > Number in the Version * [] top right		
DS microscope camera	Model [] Serial no.[]		
Connected device	Provide information about the connected devices, such as the microSD card, USB memory drive, mouse, microscope.		
	Manufacturer []	Model []	
	Manufacturer []	Model []	
	Manufacturer []	Model []	

Product Environment				
Temperature	°C		Humidity	%
External connection	<input type="checkbox"/> Network <input type="checkbox"/> Microscope	<input type="checkbox"/> External display Model [
Power supply	<input type="checkbox"/> With a ground		<input type="checkbox"/> Without a ground	

Information about the viewer terminal (needed if a viewer terminal is connected)					
Information terminal	Manufacturer [] Model [] OS []				
Network connection conditions	DS-L4 side: <input type="checkbox"/> Wired / <input type="checkbox"/> Wireless Viewer terminal side: <input type="checkbox"/> Wired / <input type="checkbox"/> Wireless Wired connection: <input type="checkbox"/> Connected via a hub / <input type="checkbox"/> Connected directly. Wireless connection: <input type="checkbox"/> Access point used (Product name []) / <input type="checkbox"/> SoftAP function used				

Problem Details	
First occurred	<input type="checkbox"/> Immediately after product introduction <input type="checkbox"/> During use <input type="checkbox"/> When product was turned on for the first time after changing peripheral device connections <input type="checkbox"/> After upgrading the DS-L4 application <input type="checkbox"/> After upgrading the firmware of the microscope camera <input type="checkbox"/> After OS upgrade for the viewer terminal <input type="checkbox"/> Other []
Frequency	<input type="checkbox"/> Always <input type="checkbox"/> Occasionally (Number of occurrence: [] times, every [] hours)
Symptom	Please provide us with a detailed description of the problem, to the best of your knowledge. For image-related defects, please provide any example images, if possible.