



Return Authorization Request Form

*** Complete and Fax This Form Back to (973) 263-2880 for Return Authorization Number ***

You recently contacted Bio-Chem Fluidics requesting a return number. In order for a Return Authorization Number to be issued, we will need the following two documents completed and faxed back to (973) 263-2880.

- 1. Return Authorization Request Form [this form]**
- 2. Certificate of Decontamination**

Once we receive these forms, we will review and fax/email back a Return Authorization Number or contact you for further clarification.

Please note the following conditions:

- Parts which have been in use cannot be returned for credit
- Restocking charges will apply to all product returned for credit – these charges will be determined on a case-by-case basis.
- Parts returned for repair / replacement that are found to meet our manufacturing specifications, or if problems found are not due to Bio-Chem Fluidics, an evaluation charge may be incurred. Formal evaluation will be completed only as necessary.
- Once you have been notified of or our evaluation, **please respond within 60 days to prevent material from being returned or discarded.**
- A credit may be issued in lieu of repair at the discretion of Bio-Chem Fluidics

Section 1 Customer Information (Shipping) Date: _____

Contact Name: _____ Company Name: _____

Fax Number: _____ Address: _____

Telephone Number: _____ City, State, Zip: _____

E-Mail Address: _____

Original Purchase Order Number: _____ Repair Purchase Order Number (if applicable): _____

Section 2 Returned Product Information *(the lot # is the 7 digit number found on the label of your part)*

PART NUMBER/S	LOT #	QTY	REASON FOR RETURN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section 3 Action Requested

Repair

Return for Credit only (with applicable restocking charges)

Evaluation only

Other: _____

CERTIFICATE OF DECONTAMINATION

From: _____ Company: _____

Date: _____

THIS FORM MUST BE COMPLETED PRIOR TO PROCESSING YOUR RETURN

FAX OR EMAIL THIS COMPLETED FORM TO (973) 263-2880.

Please have the information below completed by a knowledgeable and responsible member of your organization.

PLEASE IDENTIFY THE PART NUMBERS, QUANTITIES, AND DATE CODES TO BE RETURNED

PART NUMBER/S

QUANTITY

LOT # *(see below)

<u>PART NUMBER/S</u>	<u>QUANTITY</u>	<u>LOT # *(see below)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**The lot # is the seven digit number found on the label of your part*

Identify **all** materials that the item has been exposed to: _____

Is the above identified material Toxic, Hazardous, or Harmful? YES NO

If **YES** was checked, please identify the nature of the material below; (**SUPPLY MSDS WITH THIS FORM**)

- | | |
|--------------------------|---|
| _____ Poisonous Material | _____ Radioactive Material |
| _____ Corrosive Material | _____ Biological / Infectious Substance |
| _____ Mercury | _____ Flammable / Combustible Material |
| _____ Carcinogen | _____ Oxidizer |

Other (specify) _____

(SEC. A)

Have the parts been cleaned and retested for total removal of the stated Toxic, Hazardous, or Harmful substance?

YES NO IF **NO** please contact Bio-Chem Fluidics for disposition instructions - **DO NOT RETURN**

(SEC. B)

Please describe any additional safety precautions that should be taken: None Required

Bio-Chem Fluidics relies on the accuracy and completeness of this information to protect our employees from injury due to exposure to Toxic, Hazardous or Harmful materials.

"I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND ACCURATE"

NAME: _____ TITLE: _____ DATE: _____

SIGNATURE: _____ COMPANY: _____ TEL NO: _____