

Send unit back to address above with RMA on outside of box.

## DECONTAMINATION FORM

<b>Company Name:</b>	<b>Serial Number:</b>
<b>Date:</b>	<b>RMA:</b>

This equipment has not been exposed to biohazards or radioactive materials.

This equipment was **APPROPRIATELY DECONTAMINATED\*\* FROM BIOHAZARDOUS MATERIALS**  
**WITH:** \_\_\_\_\_

**Example:** Autoclave, 10% Bleach, Ethylene Oxide, formalin, etc. **Instruments must be decontaminated externally and internally if needed.**

**\*\*\*Instruments that have been exposed to **RADIOACTIVE** materials are not acceptable\*\*\***

- Return Shipping Address

**SEND BACK TO:** \_\_\_\_\_

\_\_\_\_\_

- Billing Address (if applicable)

**BILL TO:** \_\_\_\_\_

\_\_\_\_\_

**PO NUMBER:** \_\_\_\_\_

*If CC please write card type (Visa, MC, etc) and we will contact you for payment. Leave blank for Warranty items.*

**Reason for return:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_