

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 is not being used in an infectious disease environment. If so, please explain application and verify equipment was properly decontaminated below:

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 -

### Service Details

**Request for 'As Found' data\*:**

\*Additional Calibration fee will be charged if As Found is requested

**Preferred Calibration Frequency\*\*:**

6-Month

1-Year

\*\* Defaults to 1-year due date unless otherwise specified

Please provide an address we can return your repair to:

**Repair Return Address:** \_\_\_\_\_

- Billing Address (if applicable)

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

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

Paying by credit card? Please call us at 603-546-0181

If INTEGRA has approved a warranty repair, please indicate on PO line

**We are unable to return your repairs until payment method is received**

**Reason for return (Calibration/Description of Repair):**

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

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