

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

Decontamination Form

Company Name: _____	Serial Number: _____
Date: _____	RMA: _____

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 -

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:

NAME: _____ **PHONE:** _____

SIGNED: _____ **EMAIL:** _____