



# 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

<b>Section 1 Customer Information (Shipping)</b> 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): _____

<b>Section 2 Returned Product Information</b> <i>(the lot # is the 7 digit number found on the label of your part)</i>			
PART NUMBER/S	LOT #	QTY	REASON FOR RETURN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>Section 3 Action Requested</b>
<input type="checkbox"/> <b>Repair</b>
<input type="checkbox"/> <b>Return for Credit only (with applicable restocking charges)</b>
<input type="checkbox"/> <b>Evaluation only</b>
<input type="checkbox"/> <b>Other:</b> _____

**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: \_\_\_\_\_