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Commercial in Confidence

Return for Service Form

Instrument Serial No.		Instrument Software Version	
Contact Name			
Contact Phone No.			
Contact Email			
Return Address for Shipping			
Company Name			
Street Address			
State / Province			
Country		Zip / Postal Code	
Courier Information	Name	Account Number	
Service Information			
All instrument data copied and archived?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Instrument cleaned and decontaminated, safe for service?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is this a warranty repair?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the instrument suffer damage?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description of fault:			
Are you authorized to request this repair and authorize payment for service and shipping charges?			<input type="checkbox"/> YES
NAME	SIGNATURE	DATE (dd month yyyy)	

Completed form must be provided to Axxin electronically via email or shipped with the instrument before any work, inspection or service of the instrument can begin