

	Quality System Form Number: MED-020-F1	Revision Level: 0
Title/Subject: RETURN OF MEDICAL EQUIPMENT FORM		Pages: 1

Complete this form and attach it to the medical equipment being returned to Seiler Medical. **Failure to complete this form or pack the equipment appropriately may result in additional charges.**

Model: _____

Serial Number: _____

Purchase Order Number: _____

Reason for Return: _____

Date of Return: _____

Packaging Requirements:

1. All equipment must be cleaned/sanitized and free from **blood** and **other contaminants** before being returned.
2. All equipment must be packaged appropriately to prevent damage during transport.
3. Equipment must be packed in the **original packaging**, if available.
4. If original packaging is not available, please use packaging materials that meet the following requirements:
 - Cushioning material must be used to protect the equipment from impact during transport.
 - The equipment must be securely fastened to prevent movement during transport.
 - The package must be labeled with the equipment name and serial number.

Liability:

1. The person returning the equipment is liable for any damage resulting from poor packaging.
2. Seiler Medical will not be responsible for any damage that occurs during transport if the equipment is not packaged appropriately.

I acknowledge that I have read and understand the packaging requirements and liability statement above. I confirm that the equipment being returned has been cleaned and is free from blood and other contaminants.

Name: _____ Date: _____

Signature: _____