

(ENDOSAFE®)

TITLE: HANDLING OF RETURNED PTS/MCS READERS

PTS/MCS RETURN INFORMATION SHEET



Charles River Laboratories
Attention: Technical Services
1023 Wappoo Road Suite 43-B
Charleston, South Carolina 29407
Phone: 843-402-4900
Fax: 843-766-7576

Company Information

Company Name: Contact Name:

Return Address:

Billing Address:

Phone Number: Fax Number: E-mail:

Purchase Order Number or Credit Card Number: Exp.

Card Holder: Type: Security Code (on back of card):

PTS/MCS Reader Information:

PTS/MCS Reader serial number:

RGA Number:

Please call Technical Service at 1-843-402-4900 to get a RGA number. You must have a RGA number prior to shipping the Reader to us. Please return just the Reader. We do not need the cables, power supply or original box.

Warranty Information:

Extended Warranty: YES NO\*

\*If there is NO WARRANTY on your reader please check one of the following (applies to readers coming in for recalibration and repair):

There is no extended warranty on this reader; I understand I will be charged for recalibration and/or repair. If repairs are needed I will be charged for the necessary labor and parts. Please go ahead and repair whatever is needed.

Sign/Date:

Please notify me before any repairs are made. The best way to contact me is: circle one: E-mail or phone.

My Reader is coming in for:

- Recalibration
Repair\*

\*If coming in for repair, please state the problem:

Software Upgrades:

- Yes, please give the latest software upgrade. (Note: Software upgrades are part of the recalibration/repair price, and will be given at no additional cost.)
No, please do NOT upgrade my software.

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**PTS/MCS RETURN INFORMATION SHEET (Continued)**

**Return Shipping Information:**

- Fed Ex, UPS or DHL number: \_\_\_\_\_
- Please just charge the shipping cost to my PO number or credit card number as listed above.

Circle One:      Standard Overnight      2<sup>nd</sup> Day      Ground

**Please Note:** Even if you have an EXTENDED WARRANTY on your Reader you are still responsible for the cost of the freight of the Reader that is sent back to you. Please fill out this portion of the form so we can return your Reader in a timely manner. Thank you.

**For In-house Use Only- Do Not Fill Out**

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Date Received: \_\_\_\_\_ Date Returned: \_\_\_\_\_