

Please complete the following information and return via fax to

**Attn: Cindy Grossinger**  
**Fax Number: 952-934-2737**

*Return Authorization number will be issued  
once the following paperwork is completed.*

Date: \_\_\_\_\_

RMA #: \_\_\_\_\_

**PLEASE WRITE RMA# ON THE BOX**  
**SEND THIS SHEET WITH SHIPMENT**



7620 Executive Drive  
Eden Prairie, MN 55344  
Phone (952) 934-2100  
Fax (952) 934-2737

**This repair and/or service of vacuum components will only be carried out if the following information has been submitted. Non-completion will result in delay. We will not accept delivery of any equipment that has been radioactively or microbiologically contaminated without written evidence of decontamination!**

**SECTION 1:** (one instrument per form)

(Fill out information below if applicable)

SVT Associates Serial Number: \_\_\_\_\_

SVT Associates Model Number: \_\_\_\_\_

**SECTION 3:** Detailed failure information or description of required service or reason for return:

**SECTION 2:** Has this equipment been used?  
(Please check appropriate boxes)

- \_\_\_\_\_ No - still in SVT Packaging
- \_\_\_\_\_ No - Unit unpacked, but never installed in a system
- \_\_\_\_\_ Yes - Used only with clean, dry inert gas (For example: Air, N2, Ar, He)
- \_\_\_\_\_ Yes - Used with chemicals, non-inert gases

Identify all Materials: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has equipment been decontaminated?

- \_\_\_\_\_ No
- \_\_\_\_\_ Yes Explain Process: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ No - all wetted surfaces have been removed.

How many months in use? \_\_\_\_\_

**SECTION 4:** Company or Organization (Mandatory Information)

Company: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

End User: (If Applicable): \_\_\_\_\_