



Equipment Testing & Repair Authorization Form

Please read the following instructions thoroughly prior to proceeding:

- Send copy of authorization form to your Account Manager for approval prior to shipping equipment.
- Upon approval, your Account Manager will provide you with an RMA number (*No tests are started without an RMA number). Reference the RMA# on this form and on the shipping box and/or noted inside package.

- SHIPPING: All equipment MUST be shipped in a strong cardboard box with proper packing material to restrict movement during shipping.
Any damages resulting from poor packaging is the client's responsibility
- SHIP TO: Scigiene Corporation
1295 Morningside Ave. Units # 16-18
Toronto, ON M1B 4Z4

- Please send all required attachments with your device if applicable (i.e.: detachable probes and/or interface cables/cradles, etc).
- A copy of the original graph in question from a faulty datalogger or transmitter is also required.

- As per Covid-19 requirements, all instrumentation must be thoroughly cleaned before being returned to us or a \$50 cleaning fee will apply.

- All repair requests for equipment "not under warranty" are subject to a non-refundable \$50 evaluation fee. Repairs may take up to 6 weeks to complete based on severity. Shipping to Scigiene is the responsibility of the customer. Not all damages are covered by warranty; mishandling or negligence of the purchaser will incur charges. In the event of irreparable damage, a new device may be purchased from Scigiene Corporation.

I ACKNOWLEDGE THAT I HAVE READ ALL INSTRUCTIONS PRIOR TO FILLING OUT & SUBMITTING THIS FORM.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



1295 Morningside Ave., Unit 16-18
Scarborough, ON M1B 4Z4 Canada
Phone: 416-261-4865 Fax: 416-261-7879
www.scigiene.com

Scigiene Equipment Testing & Repair Authorization Form

NOTE: One form per equipment is required. All required fields (*) **must** be filled out clearly and thoroughly.

PO Number*: _____ RMA Number*: _____

Company Name*: _____

Company Address: _____

Company Contact Name: _____

Phone Number: _____ Email: _____

Maximum Approved Repair Cost Limit*: \$ _____

Part Number or Description of Device*: _____

Serial Number of Device*: _____ Date of Purchase*: _____

1. Please describe the nature of the problem(s) you are experiencing*:

2. When was the last time you replaced the battery*? _____

3. Did the problem occur after you last replaced the battery*? YES NO

4. Did the unit get wet*? YES NO If yes, when did this occur? _____

5. Was the unit exposed to "Condensing Moisture"*? YES NO

6. At what temperature(s) do you normally use this device*? _____

7. At what temperature(s) were you using the device when the problem occurred*? _____

8. Have you or anyone else opened or attempted to repair the unit*? YES NO

If an attempt(s) was/were made to repair the device, please state what procedures were used:

9. Was the device sent to Scigiene in the past for repairs/testing*? YES NO

I AUTHORIZE SCIGIENE CORPORATION TO PERFORM THE NECESSARY REPAIRS ON THIS PRODUCT.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



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