

## HPLC Complaint & Service Report

If goods are to be returned to Chromservis s.r.o., please *complete this form prior to returning your shipment* and wait for approval from Chromservis s.r.o. in the form of a Return Authorization Number (RAN). Otherwise, we reserve the right to refuse delivery of the returned goods.

Chromservis s.r.o. reserves the right to determine whether returned goods will be replaced under warranty, be repaired under warranty, be repaired at cost, or receive credit in whole or in part.

Chromservis s.r.o. further reserves the right not to accept the shipment and to send it back, if the goods are suspicious or there is no proof of decontamination.

### CUSTOMER INFORMATION

CUSTOMER:	DATE:
CONTACT PERSON:	
ADDRESS:	
PHONE:	E-MAIL:

### PRODUCT INFORMATION

P/N:	SERIAL NO.:	WORK ORDER:
QUANTITY:	PURCHASE ORDER NO.:	COMPANY:

### COMPLAINT & SERVICE REQUEST

REASON FOR RETURN:	
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> SERVICE REQUEST
PROBLEM DESCRIPTION:	
DESCRIPTION OF APPLICATION INCLUDING SAMPLE PREPARATION:	
SAMPLE & ANALYTE:	
MOBILE PHASE AND GRADIENT (IF USED):	
FLOW RATE (mL/min.):	INJECTION VOLUME (µl):
BACK PRESSURE (bar/PSI):	COLUMN TEMPERATURE (°C):
MONTHLY NO. OF ANALYSES:	DETECTION:
DATE OF FIRST USE:	MAINTENANCE DESCRIPTION:
CHROMATOGRAM REQUIRED: <input checked="" type="checkbox"/> YES	
OTHER COMMENTS:	

**Please also fill in the second page.**

## DECONTAMINATION INFORMATION

THE RETURNED GOODS WERE IN CONTACT WITH:

BIOHAZARDOUS SUBSTANCES:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	IF YES, WHICH BIO SAFETY LEVEL (1-3)?
HAZARDOUS CHEMICALS:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
RADIOACTIVE MATERIALS:	<input type="checkbox"/> NO	<input type="checkbox"/> YES	

IF YES, PLEASE EXPLAIN DECONTAMINATION AND CLEANING METHOD:

## DECONTAMINATION DECLARATION

I HEREWITH CERTIFY THAT THE AFOREMENTIONED GOODS ARE FREE OF BIOHAZARDOUS SUBSTANCES, HAZARDOUS CHEMICALS, RADIOACTIVITY OR OTHER SUBSTANCES / GASES DANGEROUS FOR HUMANS.

SIGNATURE:

DATE:

NAME (CAPITAL LETTERS):

PLACE:

TO OBTAIN AN RGA NUMBER, PLEASE SEND THE COMPLETED FORM TO CUSTOMER SUPPORT AT:

EMAIL: [info@chromservis.eu](mailto:info@chromservis.eu)

UPON RECEIPT OF THE RGA NUMBER, PLEASE SEND THE PART TO :

**Chromservis s.r.o.**  
**Jakobiho 327**  
**109 00 Praha 10 – Petrovice**  
**The Czech Republic**

PLEASE WRITE THE RAN NUMBER ON THE PACKAGE.

PLEASE ALSO ENCLOSE A COPY OF THIS FORM AS A PACKING SLIP.

PLEASE ENCLOSE THE CHROMATOGRAM(S).