

RETURN FORM

Customer Information:

| | |
|-----------------|--|
| Company: | |
| Address: | |
| Country: | |

| | |
|-----------------------|--|
| Customer Name: | |
| Phone #: | |
| Email address: | |

Product Information:

| | |
|-------------------|--|
| Product: | |
| Catalog #: | |
| Serial #: | |

Reason of Return (please check the appropriate reason):

| | |
|--------------------------|--|
| <input type="checkbox"/> | Picking Error from Warehouse |
| <input type="checkbox"/> | Out-of-box Failure/ Damaged in Transit Please include photos of damaged boxes and signed POD stating the damage upon receipt |
| <input type="checkbox"/> | Column Testing |
| <input type="checkbox"/> | Quality Problem |
| <input type="checkbox"/> | Return of Rented Product |
| <input type="checkbox"/> | Column Refill |
| <input type="checkbox"/> | Column Storage |

In any case please fill in the 'Health & Safety Statement'.

In case of quality issues please fill in the 'Problem Description'.

Health & Safety Statement

BIA Separations is committed to protect the health and safety of its employees. All returned products must be rendered safe to handle. Only complete products in original packaging and correctly decontaminated should be returned. Failure to complete and sign this form will delay the investigational process and may result in refusal to accept the product.

Please complete or check all that apply.

| | Yes | No |
|--|-----|----|
| Was the product in contact with hazardous or toxic substances? If yes, please list chemical(s) or identity of substances with concentrations. Please include MSDS of chemical(s) / substances. | | |
| Are special precautions necessary for safe handling? If yes, please list. | | |
| Can the returned product be safely transported as non-hazardous material? | | |
| Do you agree to destructive testing of the returned product if necessary? | | |
| Should the product be returned to you after testing if feasible? | | |

Please note that even if the product has been in contact with non dangerous substance (e.g. buffer), the product should be treated as specified below.

| Procedure before returning the Column | | | |
|--|---------------------------|-----------------------|------------------------------------|
| Reason of return | Sanitization with 1M NaOH | Thermal sterilization | Treatment with 0.1M NaOH / 1M NaCl |
| Refill or Rent | | | |
| Bed V ≤ 800 ml | | x | |
| Bed V = 8000 ml | x | | |
| Storage / Testing / Quality Problem | | | |
| IEX, OH, C4 | x | | |
| Affinity columns (rpA, npA, rPG, rPL) | | | x |

Sanitization with 1M NaOH

- Wash the column with 10 column volumes (CV) of deionized water at a flow rate of 1 CV/min.
- Wash the column with 10 CV of 1 M NaOH at a flow rate of 1 CV/min and leave it overnight.
- Wash the column with at least 10 CV of deionized water at 1 CV/min or until pH at the outlet is equal to the pH at the inlet.
- Wash the column with at least 20 CV of appropriate storage solution (please refer to the relevant PSIS).
- Seal the Column with blind fittings.

Treatment with 0.1M NaOH / 1M NaCl

- Wash the column with 20 column volumes (CV) of 0.1M NaOH / 1M NaCl at the flow rate of 1 CV/min
- Proceed to the next (washing) step immediately (rPL) or leave the column in CIP solution for up to 10 min (rPG) or up to 30 min (rPA and nPA)
- Wash the column with 20 CV of deionized water at 1 CV/min or until pH at the outlet is equal to the pH at the inlet
- Wash the column with at least 20 CV of storage solution (20% ethanol/ 0.1M NaCl / 20mM Tris-HCl, pH 7.4)
- Seal the Column with blind fittings.

Thermal sterilization

- Wash the column with 10 column volumes (CV) of deionized water at a flow rate of 1 CV/min.
- Wash the column with 10 CV of 1 M NaOH at a flow rate of 1 CV/min and leave it overnight.
- Wash the column with at least 10 CV of deionized water at 1 CV/min or until pH at the outlet is equal to the pH at the inlet.
- Thermally sterilize the column at 121 °C (250 °F) for at least 20 minutes. Prior to autoclaving remove the upper (outlet) blind fitting.
- Seal the Column with blind fittings.

The product was treated by the following procedure (please check the procedure that was used):

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Sanitization with 1M NaOH |
| <input type="checkbox"/> | Thermal sterilization |
| <input type="checkbox"/> | Treatment with 0.1M NaOH / 1M NaCl |

I hereby confirm that the product listed in the Product Information table above has been properly treated and decontaminated (inner and outer side) in order to allow its physical investigation and that the manipulation of this product can be performed without any risk for the investigator wearing gloves, coat and glasses.

Problem Description

| | | |
|--|--|---|
| When did the problem occur? | | At reception/ Out of box |
| | | Pre-use or prior to contact with customer's product |
| | | During use (please describe the medium used): |
| | | Post-use |
| Please describe the problem. Include any specific process parameters (e.g. equipment used, pressure), operation history (e.g. number of injections, frequency of regeneration/CIP, sanitizers/cleaning solutions and buffers used), type of sample, etc. | | |
| Available material for the investigation (e.g. chromatograms, reports, photos). Please attach. | | |
| Date of defect: | | |
| Date reported: | | |

Shipping Instructions

Please follow the instructions below in order to facilitate a safe and timely resolution:

- Please include the completed Return form with the appropriate attachments.
- The product must be properly sealed in order to prevent drying and leakage.
- The product must be sent in the original packaging. Otherwise, the sender is responsible for any damage that may occur to the product during transit.

Please return to the following address:

BIA Separations d.o.o.
 Attn. Sales Department
 Mirce 21
 SI-5270 Ajdovscina
 Slovenia

Tel.: +386-59-699-500
 Fax: +386-59-699-599