SARTORIUS	COMPLAINT INTAKE FORM CIM PRODUCTS

Please return completed Complaint intake Form via email.

Customer Information

Company:	
Contact name:	
Address:	
Country:	
Phone #:	
Email address:	

Returning the product

Shipping from

Complete if different from customer information above.

Company:	
Contact name:	
Address:	
Country:	
Phone #:	
Email address:	

Address for replacement

Complete if different from customer information above or ship from address.

Company:	
Contact name:	
Address:	
Country:	
Phone #:	
Email address:	

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Shipping instructions in case of return

Please follow the instructions below to facilitate a safe and timely resolution:
- Please include the completed Complaint intake form with the appropriate attachments.
- The product must be properly sealed 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. 400 mL and 800 mL columns can be sent without a stand.

Please return to the following address:

Sartorius BIA Separations d.o.o.
Attn. Technical Support
Mirce 21
SI-5270 Ajdovscina
Slovenia

Tel.: +386-59-699-500
Email: help@biaseparations.com

Product Information
If returning more than one product (different catalog numbers), separate Complaint intake forms need to be filled out.

Product:	
Catalog #:	
Invoice #:	
Serial #:	

Reason for Return
Please check and mark the appropriate reason.

☐	**Picking Error from Warehouse**		
☐	**Out-of-box Failure/ Damaged in Transit** Please include photos of damaged boxes and signed POD stating the damage upon receipt		
☐	**Return of rented Product**		
Product:			
☐	Product quality issue	☐	Product refill
☐	Product testing	☐	Product storage

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Health & Safety Statement

Sartorius BIA Separations is committed to protect the health and safety of its employees. All returned products must be rendered safe to handle. Only correctly decontaminated complete products in original packaging 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 used?	☐	☐
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.	☐	☐
If you answered the question above with yes, please list hazardous or toxic substances here:		
Are special precautions necessary for safe handling?	☐	☐
If you answered the question above with yes, please list special precautions necessary for safe handling here:		
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?	☐	☐
Would you like to receive the investigation report?	☐	☐

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

Procedure before returning the Product	Sanitize the product in accordance with the Instructions for Use document before shipping. Document can be found here: **Product documentation**

The product was treated by the following sanitization procedure (please check to confirm the procedure was performed):

☐	According to Instructions for Use document

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

Name	Date	Signature

Issue Description

When did the issue 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 issue. 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: