

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:	



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.

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 form 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
PATfix quality issue



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 hand	dling 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.

clea rem flus with use for Flus leas	ke sure that all defective PATfix components were aned and all potentially harmful substances were noved. Start flushing with ddH ₂ O for 15 min. Continue shing with 1 M NaOH for 15 min. In case of MWD detector h 50 mm flow cell, use 0.1 M NaOH for max. 15 min (do not a 1 M NaOH, it will damage the cell). Do not flush the cell more than 15 min. sh the defective PATfix component with ddH ₂ O for at st 15 min and continue with 20 % Ethanol for 15 min before pment.
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I hereby confirm that the products listed in the Product Information table above has been properly treated and decontaminated (inner and outer side) 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.

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
Description of device condition and r	malfunction.
Available material for the investigation	on (e.g., chromatograms, reports, photos). Please attach.
Date of defect:	
Date reported:	