

INTAKE FORM FOR TECHNICAL SUPPORT

(Please complete all fields)

Date: ____/____/____ Time: _____ Taken By: _____

Serial Number: _____ (located on label on the left side of the unit, close to the on/off switch)

Caller/Contact Person: _____ Name of Facility: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____ (for faxing repair authorization)

Nature of Call:

☐ Unit not Cooling ☐ Temperature Indicator Exchange

☐ Cracked pen/s ☐ Re-usable Tips

☐ Other: Describe ☐ Adverse Effects

Initial Action Taken: _____

Did you ask questions from the trouble shooting sheet?

- ☐ Yes ☐ No

☐ Does not require Further Review

☐ Requires Further Review

Signature _____ Date: ____/____/____

Final Action Taken by (CRM) Customer Relations Manager:

Logged into Call Log: ☐ Yes Initials: _____

Was RMA Issued: ☐ Yes ☐ No

RMA #: _____ Dated: ____/____/____

CR# _____

Was Loaner Unit Sent: ☐ Yes ☐ No

Loaner# _____ Case: _____

For internal use only: Form emailed to shipping@cryopen.com and joey@cryopen.com Date: ____/____/____ initials: _____