



RETURN MERCHANDISE AUTHORIZATION REQUEST

If you wish to exchange or return a product, please complete this form in its entirety. This will make the return process as smooth as possible. Please email or fax the completed form to the CryoPen office listed below. When we receive this form, an RMA # (Return Merchandise Authorization) will be assigned. You will be notified of this RMA #. Before items can be returned, you must receive an RMA or notification that one has been issued.

Unit Serial Number: _____

All Items are required:

First Name:	
Last Name:	
Address:	
City, State, Zip:	
Phone:	
Email:	

Items to Return:

3-PEN CRYOPEN SYSTEM	2-PEN CRYOPEN SYSTEM	REASON FOR RETURN
<input type="checkbox"/> CryoPen Demo Unit	<input type="checkbox"/> CryoPen Demo Unit	
<input type="checkbox"/> CryoPen System	<input type="checkbox"/> CryoPen System	
<input type="checkbox"/> Temperature Indicator	<input type="checkbox"/> Temperature Indicator	
<input type="checkbox"/> 7mm Pen	<input type="checkbox"/> Pen Core	
<input type="checkbox"/> 3mm Reusable Tips	<input type="checkbox"/> 3mm Reusable Tips	
<input type="checkbox"/> 5mm Reusable Tips	<input type="checkbox"/> 5mm Reusable Tips	
<input type="checkbox"/> 7mm Reusable Tips	<input type="checkbox"/> 7mm Reusable Tips	
<input type="checkbox"/> 10mm Reusable Tips	<input type="checkbox"/> 10mm Reusable Tips	

Office Use:

Received RMA Request: ____/____/____ RMA Issued: ____/____/____ RMA#: ____

Approved By: _____ Date: _____

Call Tag Issued for Merchandise: ☐Yes ☐No Rep taking to FedEx Location: ☐Yes ☐No

Return shipping documents included with return/exchange: ☐Yes ☐No

Technical Support Fax Number: 817-549-0012

Email: shipping@cryopen.com

Originated Date: 04.28.10

Revision Date: 02.21.11

DHR-CT2-07-R4