

Recertification Service Form

- Please contact your Account Manager to obtain an RMA number. Reference the RMA# on this form and on the shipping box and/or noted inside package.
- If your device is damaged or you are experiencing technical issues, please notify your Account Manager and complete the **Testing/Repair Authorization Form**. Failure to notify Scigiene of any damages/issues with the device will result in additional testing fees.

- SHIPPING: All equipment MUST be shipped in a strong cardboard box with proper packing material to restrict movement during shipping. Any damages resulting from poor packaging is the client's responsibility.

SHIP TO: Scigiene Corporation
1295 Morningside Ave. Units # 16-18
Toronto, ON M1B 4Z4

- Please send all required attachments with your device if applicable (i.e.: detachable probes, interface cradle/cables, etc.).
- As per Covid-19 requirements, all instrumentation must be thoroughly cleaned before being returned to us or a \$50 cleaning fee will apply.

PO Number: _____ RMA #: _____

Company Name: _____

Company Address: _____

Part Number or Description of Device(s): _____

Serial Number of Device(s): _____

Temperature Recertification Points:

- Standard Calibration Points: ☐ -20°C ☐ 10°C ☐ 50°C
- Custom Test Points*: ☐ 0°C ☐ 100°C ☐ 140°C Other: _____

*Custom test points may result in increased fees. Please confirm with your Account Manager.

I AUTHORIZE SCIGIENE CORPORATION TO PERFORM THE RECERTIFICATION SERVICE ON THE ABOVE PRODUCT(S).

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



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