



# HYGIENA INSTRUMENT TRADE UP FORM

FOR SCIGIENE  
CUSTOMER USE ONLY

\*Required Information.

**PURCHASE ORDER #:**\*

**COMPANY NAME\***

**NAME\***

**POSITION\***

**PHONE (XXX-XXX-XXXX) \***

**EMAIL ADDRESS\***

**HOW MANY INSTRUMENT(S) WOULD YOU LIKE TO TRADE IN? \***

**DATE INSTRUMENT(S) WILL BE SENT TO SCIGIENE: \***

**INSTRUMENT MODEL(S) BEING TRADED IN: \***

3M Clean-Trade/Bio-Trace

Charm Novalum

Charm FireFly

Charm Lum-T

Neogen Accupoint

BioControl Lightning MVP

Kikkoman

Merck

Celsis

Other (Please Specify: \_\_\_\_\_)

**SERIAL NUMBERS OF TRADE-IN(S) (if available): \***

**HOW MANY ATP TEST DEVICES DO YOU EXPECT TO USE PER MONTH?\***

Less than 50

51-100

101-300

301-500

500-1000

More than 1000

**COMPANY ADDRESS: \***

**CITY: \***

**PROV/STATE: \***

**POSTAL CODE/ZIP: \***

**COUNTRY: \***

**WHICH HYGIENA SYSTEM ARE YOU TRADING UP TO? \***

EnSURE

SystemSURE Plus

I am not sure

*\*Agreement: I hereby agree to send to Scigiene the quantity of instruments listed above in exchange for the same amount of Hygiena instruments or the amount agreed upon with the Scigiene Account Manager in charge of my account. I understand that the instrument(s) that I am sending must arrive at **Scigiene: 1295 Morningside Ave. Units 16-17** within 10 days from when the Hygiena instrument(s) arrive at the shipping address listed above. Failure to send the instrument(s) to Scigiene within this time line will result in a bill for the full retail value of the Hygiena instrument(s).*

**SIGNATURE: \***

**DATE:**

SEND FORM to your Account Manager via email or fax to 416-261-7879.

**NOTE: A MINIMUM OF 3 CASES OF ATP SWABS MUST BE ORDERED TO QUALIFY FOR THE TRADE-UP PROGRAM.**

FOR OFFICE USE ONLY:

Serial Numbers of new meters sent out:

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