



In the event it is necessary to return your product to Luxtron for evaluation or re-calibration, please follow the instructions provided below.

To ensure accurate tracking of your equipment while it is in our facility, you will need an RMA. RMA numbers are required prior to the return of any item for repair or calibration. Please contact Luxtron customer support by email (support@luxtron.com) or call +1(408)727-1600 for proper return instructions. *Unfortunately, we cannot be responsible for material returned to us without an RMA.*

- When requesting an RMA by email please provide the following information:
 - 1) Your name
 - 2) Company name
 - 3) Company telephone number (please include your extension)
 - 4) Part number of the product you wish to send us
 - 5) Serial number of the instrument
 - 6) A detailed description of the problem you are having and the reason for the return or state "return for calibration"

- Any product returned for evaluation must be cleaned and decontaminated at your facility prior to being handled by our service technicians. Please complete a Cleaning Certificate (lower portion of this sheet) detailing the cleaning and decontamination process used. *This certificate must be included with the return shipment.* Due to USFDA and California Department of Health requirements, we can not accept return of probes used for biomedical applications (STB, MRC, MRR and MRS probes).

IMPORTANT

If a probe is returned without a completed Cleaning Certificate and in our opinion it represents a significant chemical or biological hazard, our service personnel reserve the right to withhold service until appropriate cleaning, decontamination and certification are complete. We will contact the sender with instructions for disposition of the product. Disposition costs will be the responsibility of the sender. **DO NOT RETURN ANY PRODUCTS THAT HAVE BEEN USED IN BIOMEDICAL APPLICATIONS, OR EXPOSED TO RADIATION AND REPRESENT A RADIOACTIVE HAZARD TO PERSONNEL.**



Cleaning Certificate

Luxtron Fluoroptic® Probes

Company _____ **Department** _____

Address _____

City _____ **State** _____ **Zip/Postal Code** _____ **Country** _____

Model Number _____ **Application** _____

I CERTIFY THAT THESE PROBES HAVE NOT BEEN USED IN BIOMEDICAL OR RADIOLOGICAL APPLICATIONS. _____
Initial

Contamination (If Known) _____

Cleaning Process Used _____

Cleaning Verified By _____ **Date** _____
Print Name Signature

Phone () _____ **Fax** () _____ **Email** _____