



RMA REQUEST FORM

Facility name: _____ Contact name: _____ Position: _____

Telephone: _____ FAX#: _____ Email: _____ Date: _____

Exact address product is to be returned to (enter up to 6 lines):

- 1 _____ 4 _____
- 2 _____ 5 _____
- 3 _____ 6 _____

Return shipping method, check one: Overnight Ground 2-3 day (if faster than Ground)
or depends (give explanation) _____

Billing contact (if different): Name: _____ Phone: _____

Check if facility uses P.O. numbers? yes no If yes, we will need a copy of the PO faxed to 615.885.0285, or emailed to assist@cnmcco.com *sometime* before we return ship. (Please reference the RMA# on the P.O.)

System Description: _____ serial no. _____

sub-system item 1 _____ serial no. _____

sub-system item 2 _____ serial no. _____

sub-system item 3 _____ serial no. _____

Reason for return (attach data file if available): _____

Approx date unit was last returned ? _____ Reason _____

Enter any special service request here: _____

IF RETURNING A SYSTEM FOR CALIBRATION, PLEASE ENTER THE REQUIREMENTS BELOW.

Electrometer Model: _____		Serial No.: _____	
1 st scale/setting: _____	2 nd scale/setting: _____	3 rd scale/setting: _____	
Problems or Comments: _____			

Ion Chamber Model: _____		Serial No.: _____	
Co-60 Absorbed Dose (TG-51 Protocol): _____		Co-60 Air Kerma (TG-21 Protocol): _____	
Cs-137: _____			
Therapy X-Ray Point, +/- 2% (Specify Beam Code(s)): _____			
Diagnostic/Mammography X-Ray Point, +/- 5% (Specify Beam Code(s)): _____			
Problems or Comments: _____			

Ion Chamber Model: _____		Serial No.: _____	
Co-60 Absorbed Dose (TG-51 Protocol): _____		Co-60 Air Kerma (TG-21 Protocol): _____	
Cs-137: _____			
Therapy X-Ray Point, +/- 2% (Specify Beam Code(s)): _____			
Diagnostic/Mammography X-Ray Point, +/- 5% (Specify Beam Code(s)): _____			
Problems or Comments: _____			

Well Chamber Model: _____		Serial No.: _____		Specify Source Type(s) and Manufacturer(s): _____	
HDR, IR-192: _____	HDR, Sr-90: _____	LDR, IR-192: _____	LDR, Cs-137: _____		
LDR, Cs-131 _____	LDR, I-125: _____	LDR, Pd-103: _____	LDR, Novoste IVB Sr-90: _____		
other _____	other _____	other _____	other _____		
other _____	other _____	other _____	other _____		

Survey Meter or Small Instrument Model: _____ Serial No.: _____
comment: _____

Please print completed form and fax to 615.885.0285. Allow 1 business hour to 1 business day for reply. Please save form for future use. It will save as a blank form unless you have Adobe Acrobat installed on your computer. For questions please call: (800) 635-2662