Return & Repair Form:

Customer Information:

Company Name: Morris Plains B: _____ S: _____

Date Received: 12-03-2010 Date Given to Service: _____

Carrier: (FedEx) – UPS – DHL – USPS **Method:** GRD – NDA – 2DY – 3DY - Other

Product Information:

Product: 7410–7110–6510–6810-7510 Serial #: AR SA - 0014
9510= Drug Tester 5000

Description: A – B – Plus – Screener – Demo Printer Ser #: AR _____ - _____

Whole Instrument **Top ½** Sim Ser #: _____

Other _____ Probe Ser # DD _____ P - _____

ACCESSORIES:

☐ 110 V A/C Adapter ☐ Regulator ☐ Mag Card Rdr# _____

☐ Printer Paper ☐ Printer Ribbon ☐ Casio # _____

☐ Mouthpieces ☐ Carrying Case ☐ Dry Gas

Other (Please Specify) _____ Warranty Exp. Date _____

Repair Information: **Test #**

Reason for Return:

Part Number	Description	Qty	Total Cost
MPCal 71	Cal	1	
MP Labor	Labor	.5	

Repair Notes:

FC# AR A13-0697

Cleaned spots of cuvette mirror.

Cal w/ QC & Eps check

Service Technician: _____ Date: 12-3-2010