OFF-SITE REPAIR

DATE: ____________________

SHIP TO: **Customer Name** ____________________
Facility ____________________
Shipping address ____________________
City, state zip ____________________

CONSORTIA SURGICAL SERVICES

BILL TO: Customer ____________________
Address ____________________
City, state zip ____________________
Invoice via e-mail ____________________

CONTACT NAME: ____________________
PHONE #: ____________________
FAX #: ____________________
EMAIL: ____________________
Comment: ____________________

LOANER REQUESTED: ☐ **YES** ☐ **NO**
LOANER PROVIDED: ☐ **YES** ☐ **NO**

QTY	OEM	MODEL#	SERIAL#	REASON FOR REPAIR
				Approved Date:
				Approved Date:
				Approval Date:
				Approval Date:

REPAIRS & LOANERS-- Following the regulations of the OSHA Blood Borne Pathogen Standard 29 CFR 1910.1030, ALL medical devices shipped out for any reason should be decontaminated to the highest safe level possible (manually cleaned, disinfected, and/or sterilized) according to the Operating and Maintenance Manual for that device and disclosed as such. The accompanying medical equipment has been cleaned Y/N _____* and disinfected or sterilized Y/N _____ prior to shipment.

Signed ____________________ Date: ___/___/___

*Notify Vendor if shipping as Biohazard, follow Biohazard shipping instructions

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Repair is authorized to item (s) up to and including the amount indicated
$ ____________________

PO #: ____________________
WO#: ____________________
Pre-Approved: ☐ **Yes** ☐ **NO**
SHIP TO TRACKING #: ____________________

Consortia to provide a repair summary/cost detail to be e-mailed referencing the Customer PO # & WO # in the subject line, hard copy to be returned with item:

CUSTOMER SHIPPING COURIER ____________ AND ACCT # ____________________
TRACKING # IS TO BE EMAILED TO ABOVE CONTACT UPON RETURN SHIPMENT

Item(s) Received & PA performed by: ____________________ **Date:** ___/___/___

Department ____________ **Received by:** ____________________ **Date:** ___/___/___

Ver: 07/27/15