

Complaint, Health and Safety Declaration for Return of BGB Products

Return Authorization No. _____

- For health and safety reasons, we require certain information about the product that is being returned under the Return Authorization (RA) number indicated above.
- Your help in providing the information requested below will allow us to better and more quickly serve you.
- Please return this completed form with the product. **Failure to provide the requested information will prevent us from working on the RA.** Thank you.

Customer Information		
Customer:		
Contact Person:		
Address:		
Phone:	Fax:	E-Mail:

Product Information		
P/N:	S/N:	Lot No.:
Quantity:	Date of purchase:	

Complaint Information
Description of complaint:
Other comments:

1. If the product being returned is a chromatography column or a reference material, please include the analytical data and chromatogram supplied with the product.
2. If this is a chromatography column, please provide a chromatogram of your results, with the analytical conditions, to help us more clearly understand the problem.
3. Has this product been used? If yes, please specify the material(s) and concentration(s) that were used with the product.

4. Was any attempt made to remove the samples indicated above, and if so, what specifically was done?

5. The product was purchased under PO# _____.

6. The information I supplied herein is complete and accurate, and any misrepresentation of the facts may negate warranties.

Signature: _____ Date: _____