

Return & Repair Form:

Customer Information:

Company Name: Sussex County B: _____ S: _____
 Date Received: 4/16/2010 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 XA - 0040
 9510- Drug Tester 5000
 Description: A - B - Plus - Screener - Demo Printer Ser #: AR -
 Whole Instrument Top 1/2 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: FC

Part Number	Description	Qty	Total Cost
<u>6808455</u>	<u>FC</u>	<u>1</u>	<u>N/C W</u>
<u>MP cal 71</u>	<u>CAL</u>	<u>1</u>	<u>N/C W</u>
<u>MP Labo</u>	<u>LABOR</u>	<u>1.5</u>	<u>N/C W</u>

Repair Notes:

NEW FC # ARAN-0968
Cuvette was also inspected and cleaned.
cal w/QC, 2 Ops checks

Service Technician: [Signature]

Date: 04/16/2010