

CHIRALIZER™ SERVICES

Health & Safety Clearance Certificate (Return for Repair)

Please fill out the entire form, sign and return with product or email to: Sales@HPLCTOOLS.com

Product Brand Name: _____

Product Model Number: _____

Product Serial Number: _____

Describe the Mobile phase liquids (solvents) with which this product came in contact with during operation.

Before sending the product to us, *you* must clean, decontaminate and optionally sterilize the product (as applicable). It must not contain or have been exposed to any mobile phases which contained radioactive, biological or clinical material. Please certify that you have done so below by either placing a check mark or writing 'YES' next to both items.

(Client) At our premises, this product has been:

Cleaned and Decontaminated: _____ and Is Safe to Handle: _____.

(Client) We attest that we shall be liable to Chiralizer Services, LLC for damages caused by incomplete or incorrect information and that Chiralizer Services, LLC is indemnified against any claims for damages from third parties. We are aware that we are directly liable to third parties, and in particular to Chiralizer Services, LLC staff and employees entrusted with handling/diagnosing/repairing/upgrading this product.

Print Full Name: _____

Your Authorized Signature: _____

Company Name and Date: _____

Title and Phone #: _____