DSI ™

DSI Exchange Form
Europe Use Only

Customer Number _____   **Date** _____

Company Name _____

VAT # _____

Lab Contact _____   **Purchasing Contact** _____

Phone _____   **Phone** _____

Email _____   **Email** _____

Method of Payment

Purchase Order Number _____

(Billing Purposes Only)

Include a paper copy of Purchase Order in the box. Please contact your Purchasing Department to obtain a purchase order number. Internal purchase requisitions are not valid.

Quantity	Model Name	Serial Number	Months Implanted	Serial Number	Months Implanted	Serial Number	Months Implanted
Catheter Length _____							

Quantity	Model Name	Serial Number	Months Implanted	Serial Number	Months Implanted	Serial Number	Months Implanted
Catheter Length _____							

Any implants that did not perform properly, regardles of age or condition, need to be returned through the case process. Please contact Technical Services for a Product Investigation Form at europe-support@datasci.com

Shipping Instructions:
1) Product must be sterilized prior to being returned.
2) Include this form in the shipping container. Keep a copy for your records.
3) Cushion well or return in original package.
4) Ship to:
Data Sciences International
119 14TH Street NW
Suite 100
Saint Paul, MN 55112
USA
5) Please return products using the UPS Web Link on the DSI Website, or the standard courier used by your institution.

Special Instructions:

* VAT Information:
Make sure your purchase order form includes a VAT number. If your institution does not have a VAT number, or you are located in Germany or in a non-EU country, VAT will be invoiced to you.

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