



NAVIGATOR SERVICE SHEET

To be completed by distributor or hospital/facility representative for service of the Dilon Navigator System(s) or components

The Service Sheet MUST be completed and attached to the outside of the box before shipment.

Declaration of Cleanliness	
<i>Per OSHA, any equipment that has come in contact with blood MUST be decontaminated before shipping. Dilon cannot accept any product that has not been cleaned and disinfected.</i>	
We, at the hospital/facility, certify that the enclosed system has been decontaminated in accordance with the hospital's/facility's normal procedures and meets the cleaning and disinfection procedure described within Dilon's operating/service manual.	
_____ Authorized signature of hospital/facility representative (print)	_____ Date

This Service Sheet MUST be completed prior to service. * If this Declaration is not signed and if it is determined the equipment has not been properly decontaminated, a \$350 decontamination fee will apply.*******

RMA Number: _____
(Required) **Obtained from Dilon Customer Service**

Distributor Name: _____
(Required)

Hospital/facility Name: _____
(Required)

Equipment Returning for Service:

Item Description	Serial #	QTY

Reason for Service: (Please provide a detailed description.)

Repair Facility Address: **Dilon Technologies**
RMA #: _____
12050 Jefferson Avenue, Suite 340
Newport News, VA 23606

Telephone: 844-DILON NAV/ 844-345-6662 **FAX: 757-269-4912** www.dilon.com