



Warranty Claim RTM Request

Please use IST assigned customer number for RTM

Facility Name		RTM #	
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Address	City	State	Zip

Facility Contact Info

Name	
Phone #	
Email	

Rep Contact Info

Name	
Phone #	
Email	

Item	Qty	Lot # (s)	Issue (s)
Lid			
Base			
Filter Cover			
Other			

Is this Warranty Claim RTM Request caused by normal use and detected per the User Manual instructions?
 YES NO *If no describe cause.*

Form instruction:

1. Form needs completed before sending in item
2. Kat O'Kane (kokane@iststerilization.com) can assist in obtaining the RTM #/ Customer Number
3. The RTM # should be placed on the packaging and should be placed on this form
4. The customer is responsible for shipping the tray to IST at: 7625 Paragon Road, Suite A Dayton, OH 45459
5. The warranty work will be performed at no cost to the customer
6. The item will be sent back to the address and person on this form

Print Name:

Signature:

Date:

Customer has acknowledged that the information provided is truthful and accurate.