



RETURNED GOODS FORM

(Complete Applicable Sections)

Date _____

LHSC/Station # _____

Client _____

Department _____

Address _____

Lab/Branch _____

Suite _____ Phone # _____

DESCRIPTION OF GOODS BEING RETURNED

City _____ Contact _____

Supplies (Include Lot if Applicable) _____

Equipment (Include Serial# and/or I.D.# if Applicable) _____

QUANTITY

DESCRIPTION

| QUANTITY | DESCRIPTION |
|----------|-------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

REASON FOR RETURN

- Has expired
- Will not use before expiry
- Poor quality (Describe below. Re-order separately if replacement required)
- Wrong item sent (Return to stock)
- No longer used (Return to stock)
- Return for repair (Describe problem(s) / symptoms below)
- Other (Describe below)

ADDITIONAL INFORMATION

Picked up by _____