

REPROCESSING ORDER FORM



To be used when shipping devices to Northeast Scientific, Inc. for reprocessing.

Complete this form and place it inside the shipping box. Please complete a new form for each shipping box.

CONTENTS: Used Medical Devices. Property of the sender.

Ship to: Northeast Scientific, Inc. 2142 Thomaston Ave. Waterbury, CT 06704

Customer Name: _____

Account Number: _____

Date Shipped: ____/____/____

Quantities Shipped:

ClosureFast CF7-7-60: _____

RF Stylet: _____

TOTAL DEVICES IN BOX: _____

ClosureFast CF7-7-100: _____

IVUS: _____

ClosureFast CF7-3-60: _____

Return Shipping Address: _____

City

State

Zip

By shipping the enclosed devices for reprocessing, the account irrevocably commits to pay for each device successfully reprocessed and return shipped pursuant to the terms of the Reprocessing Services Agreement with Northeast Scientific Inc.

Return shipping requested: Standard 3-day* Expedited 2-day Expedited Overnight

*If the total reprocessing charge for this order is > \$1,000, standard 3-day shipping will be at no charge. If the total charge is < \$1,000, or if expedited shipping is requested, standard shipping charges will apply.