PROMEDICA

LABORATORIES
North Campus Lab Supply Return Form

This form must be filled out in its entirety and placed <u>inside</u> the shipping container along with the product/products that will be used to return to North Campus Lab.

Date: _____

Facility: _____

Account #: _____

Contact name: _____ Phone #: _____

Item	Qty.	Reason
		____ Overstocked ____ Expired hazardous/sharp disposal ____ Wrong item sent/ordered
		____ Overstocked ____ Expired hazardous/sharp disposal ____ Wrong item sent/ordered
		____ Overstocked ____ Expired hazardous/sharp disposal ____ Wrong item sent/ordered
		____ Overstocked ____ Expired hazardous/sharp disposal ____ Wrong item sent/ordered
		____ Overstocked ____ Expired hazardous/sharp disposal ____ Wrong item sent/ordered

*Please fill out a ProMedica Courier Transportation Request form and attach it to the **outside** of your package.*

PROMEDICA

Courier Services Transportation Request

Phone: 419-291-1476 ❖ Fax: 419-725-6134 ❖ E-mail: promedicacouriers@promedica.org

Please complete the form below, then call ProMedica Courier Services dispatch to initiate your request. You may also fax or e-mail this form to ProMedica Courier Services. If requesting a delivery, please attach this form to the item that is being delivered.

Pick up from:

Date:	Time:	Contact:
Facility/Department/Suite:		Phone:
Description/Special Instructions:		

☐ Pick Up
Date:_____ Time: _____

☐ Return Confirmation To: _____
Fax Number: _____

Absolute Deadline:	Department to Charge: **7310**

Deliver to:

Contact Name: **Outreach Stores**	Phone Number: **419-291-3246**
Facility/Department: **North Campus Labs**	
Address and Suite: **2130 W. Central Ave.**	

Delivery Confirmation		
Date:	Time:	Driver:
Remarks:		

Printed Name: _____
Signature: _____