

**Decontamination certificate  
for returned goods**

**Include with all returned instrument(s)**

*This completely filled decontamination declaration is the prerequisite for acceptance and further processing of the return.  
If the return does not include a corresponding declaration, we reserve the right to carry out decontamination and charge for this service.  
This document can be downloaded from: [www.socorex.com](http://www.socorex.com)*

Please fill in block letters

<b>First name, Last name:</b>	
<b>Organization/Company:</b>	
<b>Address:</b>	
<b>Postal code / City:</b>	
<b>Tel / Fax:</b>	
<b>E-mail:</b>	

Pos.	Decontaminated Instrument	Serial No.	Comment
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Did the listed Instrument(s) come into contact with the following materials:**

Health-damaging liquid solutions, buffers, acids and alkalis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Potentially infectious agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organic reagents and solvents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Radioactive substances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Radiation: <input type="checkbox"/> $\alpha$	<input type="checkbox"/> $\beta$	<input type="checkbox"/> $\gamma$
Health-damaging proteins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
DNA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did above substances penetrate instrument(s) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so, which one:	_____		
	_____		

**Description of decontamination measures for the listed instruments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that above instruments are free of contamination

Authorized signature: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Place and date: \_\_\_\_\_

