



Investigational Device Return Form

*Principal Investigator:

*Clinic name:

*Pick-up date:

*Site coordinator:

**Investigators are responsible for maintaining strict control over investigational devices and ensure that the devices received are used only for subjects enrolled in the study. Please note you have a two-week timeframe to return the unused devices.*

*Serial number:	*Serial number:

Pick-up Information

*Site contact person:

*Pick-up address:

Room, floor, office:

Total amount of boxes to return, dimensions, and weight:

Comments (include any important detail for the return)