

**PRODUCT RETURN FORM**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Purchase Order: \_\_\_\_\_

| TISSUE IDENTIFICATION NUMBER | TISSUE DESCRIPTION |
|------------------------------|--------------------|
|                              |                    |
|                              |                    |
|                              |                    |
|                              |                    |
|                              |                    |
|                              |                    |

Reason for Return: \_\_\_\_\_  
 \_\_\_\_\_

Is tissue in the original, unopened package? Yes  No

Was tissue continuously stored at required temperature (as listed on Implant enclosures)  
 Yes  No

What type of storage was used? Dry Ice  Freezer  Other  specify  
 \_\_\_\_\_

**Frozen/Frozen Cryopreserved tissue must be packed on dry ice and shipped in an insulated container when returning.  
 Please return all original Implant enclosures when returning tissue to Alamo Tissue Service.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax to Alamo Tissue Service for return approval  
 (Fax 210-732-4263, Phone 800-226-9091)

