

# Failure Report for VICI® M6 and M50 Pumps

Return the pump with this form *and* a completed decontamination report to:

VICI Valco Instruments Co. Inc. *or*  
Attn: Repair Department  
RMA# \_\_\_\_\_  
7806 Bobbitt  
Houston, TX 77055

VICI AG International  
Attn: RMA# \_\_\_\_\_  
Parkstrasse 2  
CH-6214 Schenkon, Switzerland

Print the form and fill in the information by hand, or click on a field with the hand tool to enter the information with Acrobat Reader before printing.

## Equipment Identification

Pump model:  M6  M50 Pump S/N \_\_\_\_\_ Motor S/N \_\_\_\_\_

Date of purchase (estimate if not known) \_\_\_\_\_

## Pump Problem Description

Leaks (describe below)  Fails to turn  Lack of precision and repeatability  
 Damaged (specify below)  Needs rebuild  Other \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Delivery mode:  Dispense  Aspirate  Both

Flow rate at failure \_\_\_\_\_ Flow rate often used \_\_\_\_\_ Working temperature \_\_\_\_\_

Normal daily use (hours) \_\_\_\_\_ Liquids normally used \_\_\_\_\_

Length of continuous use before failure \_\_\_\_\_

Sample normally used \_\_\_\_\_

## Repairs Attempted

Have you tried to repair the pump?  Yes  No If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

## Customer Information

Company \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Job Title \_\_\_\_\_

Email \_\_\_\_\_ Date \_\_\_\_\_

Type of organization:

Instrument manufacturer  Medical center or hospital  Research company  
 Petrochemical company  Pharmaceutical company  Biotechnology company  
 University  Other \_\_\_\_\_

Contact VICI if you have any questions regarding the contents of this form.

North America, South America, and Australia/Oceania contact:

**VICI® Valco Instruments Co. Inc.**  
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