

Complete and return this form to Maureen Knowles via email to Maureen.Knowles@OptronicLabs.com

CONTACT INFORMATION

Contact Name: _____
 Company: _____
 Email: _____
 Phone: _____

SHIPPING INFORMATION (REQUIRED)

Street Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____

- OLI requires a \$500 Evaluation Fee to any RMA where said fee is determined to be applicable due to required processing requirements. The application of this fee is mandatory for all Out-of-Warranty, No Fault Found, and Request for Analysis returns.
- Product returned for investigation should be returned in original packaging. Product damage incurred in transit and determined by OLI to be the result of improper/ incorrect packaging will invalidate the products warranty status and may result in additional analysis and / or repair charges.
- For oversized shipping containers, customers need to advise their shipper that a lift gate is needed for delivery at our facility.

REQUIRED PARAMETERS & SETTINGS FOR OL 426, 426-S, 426-SA, 455, 45-S, 455-SA, 462, OR 466

Luminance Set Point (Choose 1)	<input type="checkbox"/> Uncalibrated or N/A	<input type="checkbox"/> 90% Maximum	<input type="checkbox"/> 100 [fL]	<input type="checkbox"/> 1000 [fL]	<input type="checkbox"/> 100 [cd/m ²]	<input type="checkbox"/> 1000 [cd/m ²]	<input type="checkbox"/> Other
Spectral Radiance Luminance Setting (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 90% Maximum	<input type="checkbox"/> 100 [fL]	<input type="checkbox"/> 1000 [fL]	<input type="checkbox"/> 100 [cd/m ²]	<input type="checkbox"/> 1000 [cd/m ²]	<input type="checkbox"/> Other
Spectral Radiance CCT Setting (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 2856 [K]	<input type="checkbox"/> 3000 [K]	<input type="checkbox"/> Other			
Spectral Radiance Wavelength Range (Choose 1 or More)	<input type="checkbox"/> No Spectral Radiance	<input type="checkbox"/> 350 - 1100 [nm]	<input type="checkbox"/> 350 - 2500 [nm]	<input type="checkbox"/> Other			
CCT Range (Choose 1)	<input type="checkbox"/> No Current Curve	<input type="checkbox"/> 2000 [K] - 3000 [K]	<input type="checkbox"/> Other				
Wavelength Interval of Measurements (Choose 1)	<input type="checkbox"/> 10 [nm]	<input type="checkbox"/> 5 [nm]**	<input type="checkbox"/> Other				
Interpolate Data (Optional – No Charge)	<input type="checkbox"/> 5 [nm]	<input type="checkbox"/> 1 [nm]	<input type="checkbox"/> Other				

**If more than one calibration setting is chosen for each parameter, additional costs will apply.*

***Additional charge for measurements performed at any interval other than 10 nm.*

MODELS OL 752-10, 752-12, AND CURRENT SOURCES/ POWER SUPPLIES

OL 752-10 and OL 752-12 Only				
Calibrate with Sphere	<input type="checkbox"/> OL IS-670	<input type="checkbox"/> OL IS-270	<input type="checkbox"/> OL 752-S	<input type="checkbox"/> Other _____
Calibrate with Customer Supplied Apertures	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Size(s) _____	
Calibrate with Window	<input type="checkbox"/> Flat	<input type="checkbox"/> Dome	<input type="checkbox"/> Other _____	
CURRENT SOURCES/ POWER SUPPLIES ONLY				
As Found/ As Is Data Needed	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

Reason for Return/ Special Requests or Requirements:

PLEASE LIST EACH ITEM SEPERATELY WITH ITS RESPECTIVE SERIAL NUMBER

ITEM	MODEL # (DESCRIPTION)	SERIAL #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		