

WIC Breast Pump Repair Form

County and Clinic: _____ Fax: _____

Contact Person: _____ Phone: _____

Email Address for Contact Person: _____

Breast pumps need to be serviced by Medela if they are defective, or become broken, insect-infested, or contaminated by smoke. To receive service, please follow these steps:

1. Complete this Breast Pump Repair Form with the information requested above and below.

Pump Type (Lactina or Pump in Style)	Serial # (Lactina only)	Date *	Reason For Service	For State Use Only	
				Warranty (Yes/No)	Replace (Yes/No)

* For Lactina, use date pump was entered into TWIST.
 For Pump in Style, use date pump was issued to participant (from *Breast Pump Release Form*).

2. FAX this form to the BAST Administrative Specialist at (971) 673-0071. Medela will be contacted, and a Return Authorization Number (prepaid shipping label) will be requested.
3. Prepare pump for shipment to Medela.
 - Double bag the pump. DO NOT use red bio hazard bags.
 - Pack it in a suitable box.
 - Once obtained, add the RMA number on the outside of the box.
 - If the pump is insect-infested, mark INFESTED on the outside of the shipping box.
 - Ship the pump to:

Medela Inc.
4501 Prime Parkway
McHenry IL 60050

Medela RMA/CA Number _____
Date RMA/CA Number provided _____

 FOR STATE USE ONLY

Date Received: _____ Cost of Repair: _____ WIC Manager Approval: _____
 Method of payment: SPOTS Card Medela to invoice Reference number for invoice _____