

Georgia WIC Program Breast Pump Repair Form Request

District: _____ Clinic: _____ Date Form Completed: _____

Local Agency Staff Contact Name: _____ Phone: _____ E-mail: _____

District OR Clinic Shipping Address (Location to return pump after repaired): _____

Breast pumps need to be serviced by Medela if they are defective, 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: Symphony or PDP	Serial Number:	Date *	Reason For Service:	State Use: Warranty < 1 year	State Use: Smoke or Insect Infestation

***For Symphony use date entered in SENDS data base. For Pump and Style PDP, use date pump was issued to participant (from Breast Pump Release Form) and Serial Number**

2. FAX or e-mail this form to State WIC Breastfeeding Coordinator. Medela will be contacted if under warranty, 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 in a suitable box.
 - Once obtained, add the Return Authorization Number (RAN) to the outside of the box. This RAN will serve as the tracking number.
 - If the pump is insect-infested, mark "Infested" on the outside of shipping box.
 - Ship the pump to:

Medela Inc.
 4501 Prime Parkway
 McHenry, IL 60050

Medela Return Authorization Number/CA Number: CA _____ Date Number provided: _____