Return Policy
Life Technologies provides technical support for the APT 3 program.

The APT 3 software runs on a USB drive and is warranted against defects for a period of one year from date of purchase.

No trial periods for using the APT 3 program are granted.
Once purchased, the full APT 3 Kit is NOT returnable.

Please note our policy should the following occur...

☐ Lost or stolen drive
   We do not replace lost or stolen drives. In this case, you can purchase a new drive at regular pricing of clinician drive $400; practice drive $200.

☐ Damaged drive
   If the drive is damaged by you or a client, you are responsible and can purchase a new drive at regular pricing of clinician drive $400; practice drive $200.

☐ Software failure
   If Life Technologies determines that failure of a drive is due to faulty software and not due to damage by the user, a replacement drive will be provided.

The following procedure must be followed:

- Request remote analysis by Life Technologies by emailing customer name, business, drive registration number, and purchase date (month/year) to Jason Prideaux at jprideau@cs.uoregon.edu
- If the drive can be repaired remotely, there is no charge.
- If the drive cannot be repaired, you will be given a free replacement drive but are responsible for $12.50 for shipping paid in advance.
- Shipping instructions for replacement must be sent to Keith McCraw at keith@lapublishing.com with all information provided on the

   APT 3 Drive Return Information Sheet

- The damaged drive(s) must be returned with a completed info sheet to

   Jason Prideaux
   Life Technologies
   PO Box 11306
   Eugene, OR 97440-3506
Security Upgrade for Encryption

Some institutions prohibit use of USB drives and/or require encryption for security.

Encryption must be requested at time of order. If not, drives must be returned within 30 days for credit toward new drives.

If you purchased the standard APT 3 Kit and choose to upgrade for encrypted drives, this request **MUST BE MADE** within 30 days of purchase to apply your original purchase price as a credit toward the cost of new encrypted drives:

(e.g.- For a new FIPS encrypted APT 3 Kit, Cost would be $1,750 minus original $850 cost for unencrypted kit)

☐ Original drives must be returned to Jason Prideaux before encrypted drives are sent:

  Life Technologies  
  Jason Prideaux  
  PO Box 11306  
  Eugene, OR 97440-3506

☐ Choose one option
  ☐ Standard hardware encrypted USB drive that encrypts all data written to the USB drive:  
  $150 per drive

  ☐ FIPS 140-2 certified hardware encrypted USB drive that encrypts all data written USB using FIPS 140-2 certified standards (required by some government and private institutions):  
  $300 per drive

☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________
☐  Client Practice Drive  Encryption Type___________________  Cost___________
☐  Clinician Drive  Encryption Type___________________  Cost___________

Total (not including S&H)____________
APT 3 Drive Return Information Sheet

Please fill out all info for EACH drive being returned.

☐ Clinician Drive  Serial No.______________________________________________________

☐ Client Practice Drive  Serial No.________________________________________________

☐ Clinician Drive  Serial No.______________________________________________________

☐ Client Practice Drive  Serial No.________________________________________________

☐ Clinician Drive  Serial No.______________________________________________________

☐ Client Practice Drive  Serial No.________________________________________________

☐ Clinician Drive  Serial No.______________________________________________________

☐ Client Practice Drive  Serial No.________________________________________________

☐ Clinician Drive  Serial No.______________________________________________________

☐ Client Practice Drive  Serial No.________________________________________________

Name: _______________________________________________________________________

Phone No:__________________________ Email: ____________________________________

Company: ____________________________________________________________________

Address: _____________________________________________________________________

City: _____________________________________ State: __________ Zip: ________________

Reason for Return (e.g.- drive malfunction, drive encryption, etc.)
Please be as detailed as possible.