



Lash & Associates Publishing/Training Inc.

Leading Source of Information on Brain Injury in Children, Adolescents, Adults and Veterans

APT 3 Software Guidelines

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

<input type="checkbox"/> Clinician Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Client Practice Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Clinician Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Client Practice Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Clinician Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Client Practice Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Clinician Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Client Practice Drive	Encryption Type_____	Cost_____
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<input type="checkbox"/> Client Practice Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Clinician Drive	Encryption Type_____	Cost_____
<input type="checkbox"/> Client Practice 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.

- | | |
|--|------------------|
| <input type="checkbox"/> Clinician Drive | Serial No. _____ |
| <input type="checkbox"/> Client Practice Drive | Serial No. _____ |
| <input type="checkbox"/> Clinician Drive | Serial No. _____ |
| <input type="checkbox"/> Client Practice Drive | Serial No. _____ |
| <input type="checkbox"/> Clinician Drive | Serial No. _____ |
| <input type="checkbox"/> Client Practice Drive | Serial No. _____ |
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| <input type="checkbox"/> Clinician Drive | Serial No. _____ |
| <input type="checkbox"/> Client Practice Drive | Serial No. _____ |
| <input type="checkbox"/> Clinician Drive | Serial No. _____ |
| <input type="checkbox"/> 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.

Lash & Associates Publishing/Training Inc.

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www.lapublishing.com