



## Calibration / Validation Request Form with Statement of Decontamination

14001 Weston Pkwy, Ste. 106, Cary, NC 27513

Phone: 919.303.1212 Email: scical@scical.com

Website: www.scical.com

**INSTRUCTIONS:**

1. Fill out form completely with applicable information.
2. Email completed form to scical@scical.com.
3. Send equipment and **INCLUDE** this form to: **Scientific Calibration, 14001 Weston Pkwy, Ste. 106, Cary, NC 27513**

**SHIP TO:**

**BILL TO:**

<b>Company:</b>		
<b>Street:</b>		
<b>City/State/Zip</b>		
<b>Country:</b>		
<b>Contact:</b>		
<b>Phone:</b>		
<b>Fax:</b>		
<b>Email:</b>		

**PAYMENT METHOD:**

<b>Purchase Order</b> <input type="checkbox"/>		<b>PO #</b>
<b>Credit Card</b> <input type="checkbox"/>	<b>MC VISA AMEX</b>	<b>CC #</b>
		<b>Name on card</b>
		<b>Expiration Date</b>

**EQUIPMENT:**

Manufacturer	Serial #	Range	GLP / GMP / NA	NOTES

\*\* If additional space is needed, please attach list to this form.

**Please state METHOD OF STERILIZATION:**

- ETO   
  BIOCIDES   
  IRRADIATION   
  AUTOCLAVE  
 MANUAL DISASSEMBLY AND CLEANING   
  OTHER \_\_\_\_\_

**I certify that the aforementioned item(s) are free from any radioactive, biohazardous, or otherwise dangerous substances / gases and are safe for human handling.**

**Signature:** \_\_\_\_\_  
**Title:** \_\_\_\_\_