



SHIP TO ADDRESS:

Scientific Calibration
Pipette Lab
14001 Weston Pkwy
STE 106
Cary, NC 27513

PIPETTE SERVICE REQUEST & DECONTAMINATION FORM

QUOTE #: _____

PRIMARY ON-SITE CONTACT:

Name: _____
E-mail: _____
Phone: _____
Fax: _____

Yes, update my contact info to reflect the information above.

SHIPMENT RETURN INFORMATION:

Company: _____
Attention: _____
Address: _____

City, State, Zip: _____

SHIPPING METHOD:

*Scientific Calibration's preferred method of shipment is UPS.
To ship using another method please provide your own shipping label.

UPS ACCT #: _____
 LOCAL Details: _____
 SHIPPING INSURANCE

*Scientific Calibration waives responsibility for shipping damages if insurance is not selected.

BILLING ADDRESS:

Company: _____
Attention: _____
Address: _____
City, State, Zip: _____

Same As Shipping Address

BILLING INFORMATION:

PO Number: _____
Name: _____
CC #: _____
Exp. Date: _____
Telephone: _____

CERTIFICATE DETAILS:

Scientific Calibration has gone digital. Following your service, all service forms will be delivered via email and all certificates will be available in our INCAL Portal. If you are not registered please go to <https://incal.scical.com/request-access> to request access.

I agree to receive my certificates via INCAL and my service forms via email
 I would like paper certificates and service forms returned to me (\$15 per certificate)

*Certificate(s) will be available within 48 hours of service completion.

*If nothing is selected, certificates will be available on INCAL, and service forms will be delivered via email.

PIPETTE DETAILS:

This section must be completed in order to avoid delays in service.

*Any equipment submitted to Scientific Calibration will be subject to an evaluation fee.
Any out of service pipettes will be subject to an evaluation fee.

- New Pipette(s)**
*If selected leave the rest of the "Pipette Details" section blank
- This equipment has not been exposed to biohazards or radioactive materials.**
- This equipment has been decontaminated by the indicated method.**

Ethanol / Alcohol
 Other: _____

I declare that the above information is correct and that, to the best of my knowledge, the items detailed are free from contamination. In the case where items were exposed to biological hazard, sufficient precautions were taken to ensure that the items have been properly decontaminated and are safe for human handling.

Printed Name: _____ Position: _____

Signature: _____ Date: _____

*All instruments must be decontaminated. Instruments that are not decontaminated are subject to a decontamination fee.

FOR SCIENTIFIC CALIBRATION'S USE ONLY

Date Received: _____ Date Started: _____ # of Items Complete: _____

Parts Ordered: _____ Technician Initials: _____ Date Completed: _____

SERVICE LEVEL:

The service selected below will be performed on all equipment listed under 'Equipment Detail' and updated in your client portfolio.

SAME AS PREVIOUS SERVICE

*If selected leave the rest of the "Service Level" section blank

ISO / IEC 17025: 2017

As Found & As Left **As Left**

2x5 Measurement

3x5 Measurement

2x5 Measurement includes full measurement data on every channel.

3x5 Measurement includes full measurement data on every channel.

Other _____

ISO 8655: 2022 As Found & As Left

3x10 Measurements

Other: _____

*Multichannel includes leak test & single volume nosecone check only unless specified.

DUE DATE FORMAT:

mm/yyyy

mm/dd/yy

DDMMYYYY

Other: _____

SERVICE INTERVAL:

3 Months

6 Months

12 Months

Other: _____

TOLERANCES:

*If tolerances are not specified, standard tolerances appropriate to the service level requested will be selected.

Scientific Calibration **Manufacturer**

Other: _____

TERMS:

As Found: Measurement data recorded prior to repair or adjustment

As Left: Measurement data recorded after repair or adjustment.

Tolerance: The inaccuracy and imprecision of the pipette.

Preventative Maintenance: External and internal inspection for functionality and condition.

EQUIPMENT DETAIL:

*Pipettes in which repair is declined will be charged an evaluation fee.

*Any pipette that arrives disassembled will be subject to a \$65/ per pipette assembly fee.

NUMBER	MAKE/MODEL	SERIAL NUMBER	SINGLE OR MULTI?	REPAIR?	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

REPAIRS:

If pipettes warrant repair lead times may vary. In order to avoid delays a pre-authorized repair amount may be set.

PLEASE QUOTE ALL PARTS/REPAIRS.

IF THE PARTS/REPAIRS COST PER PIPETTE IS LESS THAN \$____, NO CONTACT IS REQUIRED

*If parts need to be ordered from the manufacturer, lead times are greater.

*If nothing is selected a repairs will be quoted via email.