



### Service Request & Decontamination Form

Document ID:	SCF-009	Page 1 of 2	
Revision:	2	Date:	18MAY2018
RA # (If Applicable):			

#### Please Ship to :

Scientific Calibration  
Attention: Pipette or Service Department  
14001 Weston Parkway  
Suite 106  
Cary, NC 27513

#### Primary Contact Information :

Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

#### Shipment Return Address :

Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City, State Zipcode : \_\_\_\_\_

#### Shipping Method :

Scical will ship UPS if not specified.

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> UPS                     | <input type="checkbox"/> Next Day Air |
| <input type="checkbox"/> FedEx                   | <input type="checkbox"/> 2nd Day Air  |
| <input type="checkbox"/> Local Pickup / Delivery |                                       |
| <input type="checkbox"/> Customer Account        | _____                                 |

#### Billing Address :

Company: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
City, State Zipcode : \_\_\_\_\_

#### Billing Information :

PO Number: \_\_\_\_\_ PO   
Name: \_\_\_\_\_ MC   
CC #: \_\_\_\_\_ Visa   
Expiration Date: \_\_\_\_\_ Amex   
Telephone: \_\_\_\_\_ Call

### Statement of Decontamination

**THIS SECTION MUST BE COMPLETED IN ORDER TO AVOID DELAYS IN PROCESSING YOUR ORDER.**

This equipment has not been exposed to biohazards or radioactive materials.

This equipment has been decontaminated by the indicated method.

**Instruments must be decontaminated externally and internally if needed.**

- |   |  |
|---|--|
| <input type="checkbox"/> Ethylene Oxide | <input type="checkbox"/> Autoclave         |
| <input type="checkbox"/> Biocides       | <input type="checkbox"/> Ethanol / Alcohol |
| <input type="checkbox"/> Irradiation    | <input type="checkbox"/> Other: _____      |

**I declare 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: \_\_\_\_\_

#### For Scientific Calibration's Use Only

Date Received: \_\_\_\_\_ Date Started: \_\_\_\_\_ # of Items Complete: \_\_\_\_\_  
Parts Ordered: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Technician Initials: \_\_\_\_\_

