



PIPETTE SERVICE REQUEST & DECONTAMINATION FORM

QUOTE # _____

PLEASE SHIP TO

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

PRIMARY CONTACT

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

Yes, I would like to update my contact information to reflect the information above.
No, I do not wish to update the contact information on file.

SHIPMENT RETURN INFORMATION

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

SHIPPING METHOD

SCICAL's preferred carrier is UPS. To ship using any other method, please provide your account carrier and account number below.

- UPS
 Local
 Customer Account _____

BILLING ADDRESS

Same As Shipping Address

Company: _____
Attention: _____
Address 1: _____
City, State Zip: _____

BILLING INFORMATION

PO Number: _____ PO
Name: _____ MC
CC #: _____ Visa
Exp. 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.

Ethylene Oxide

Autoclave

Biocides

Ethanol/Alcohol

Irradiation

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: _____

