



PIPETTE SERVICE REQUEST & DECONTAMINATION FORM

QUOTE # _____

RESET FORM

SHIP TO ADDRESS

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

PRIMARY ON-SITE 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.

We are not responsible for shipping damages if insurance is not selected

- UPS
 Local
 Customer Account _____
 Shipping Insurance

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

PIPETTE DETAILS

THIS SECTION MUST BE COMPLETED IN ORDER TO AVOID DELAYS IN SERVICE.

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

This equipment has been decontaminated by the indicated method.

Instruments must be decontaminated.

- | | |
|---|--|
| <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: _____

SERVICE LEVEL

The service selected below will be performed on all equipment listed under 'Equipment Detail' & 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 Left As Found & 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: As Found & As Left

3x10 Measurements Other _____

Multichannel includes Leak Test & Single Volume Nosecone check only unless specified.

Tolerances

Scientific Calibration Manufacturer Other _____

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

DUE DATE FORMAT

mm/yyyy

mm/dd/yy

mm/dd/yyyy

ddMMMy

ddMMMyyyy

SERVICE INTERVAL

3 Months

6 Months

12 Months

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.

ISO 8655 - Records temperature, humidity, H₂O temperature & barometric pressure.

ISO 17025 - Records temperature and humidity.

PREVENTATIVE MAINTENANCE - External and internal inspection for functionality and condition.

Pipettes that need repair are subject to an evaluation fee. Pipettes received without being decontaminated are subject to a decontamination fee. Any pipette that arrives disassembled will be subject to a \$60/per pipette re-assembly fee.

EQUIPMENT DETAIL

NUMBER	MAKE/MODEL	SERIAL NUMBER	SINGLE OR MULTI?	REPAIR?	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
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