

## Precision Pipette Service & Calibration Request Form

### Billing Address

Company:	
Address:	
Lab /Bench:	
City, State, Zip:	

### Contact Information (In case there are questions regarding your order)

Name:	
Phone:	
Email:	

### Service Frequency

Biannual (Clinical) Calibration       Annual (Research) Calibration       Other

Type	Quantity
Single Channel	
Multi Channel	
Pipet Aid	
Other:	

### Repairs

Please contact me with a service estimate before replacing parts with an individual value over \$15.00.

No       Yes

Special Instructions:

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I certify that these pipettes are fully decontaminated and are free of radioactive and biohazardous materials.

Signature \_\_\_\_\_

Date \_\_\_\_\_

