

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:

--

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

Signature _____

Date _____