

## FORM 11 (ENG): ACCREDITED CALIBRATION - Order & Decontamination Declaration

Customer/no.: \_\_\_\_\_ Contact (name): \_\_\_\_\_  
 Address: \_\_\_\_\_ Department: \_\_\_\_\_  
 \_\_\_\_\_ E-mail: \_\_\_\_\_  
 EAN no.: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Service agreement no.: \_\_\_\_\_ PO/order: \_\_\_\_\_

No.	Pipette manufacturer:	Serial no.:	Customer ID no.:	No.	Pipette manufacturer:	Serial no.:	Customer ID no.:
1				6			
2				7			
3				8			
4				9			
5				10			

	5.3	6.3	10.3	10.1	10.1 Fixed vol.	Pipetting mode - write P, rP or D If the box is empty; Pipettes will be cali- brated in P-mode and Dispensers in D-mode	
PreCal (As found - before service)*						Multichannel pipettes If no X - all channels will be calibrated	
Calibration (As left - after service)							All channels are be calibrated
ONLY calibration (NO service)						3 channels are calibrated The outer channels and the middle one	

\*) A pre-calibration (as found) documents the functionality of the pipette before a service maintenance is carried out and is recommended according to ISO 17025 or ISO 15189 requirements.

### SPECIFICATIONS

ISO 8655 - Max. Errors

Manufacturer's specifications

Manufacturer's specifications x 1,5

Customer's own specifications.  
Must be attached,

If no X - the ISO 8655 max. permissible errors will be used

### TIPS / Tip cone FILTERS

Customers tips (sent with)

Manufacturer:

NO thanks to inserting filter

### SERVICE, ADJUSTMENT etc.

Service is ordered

NO adjustment

Repair, please write the malfunction

Pipettes are purchased with an annual  
service concept

Remarks: \_\_\_\_\_

Please contact me, if the repair price per pipette exceeds: \_\_\_\_\_ DKK (don't include change of battery)

The undersigned hereby declares that the pipettes have been carefully cleaned, decontaminated and **filters are removed**:

70% Ethanol  Decontamination liquid  Other

The pipettes have been use for?

The pipettes have been used for radioactive liquids

If the pipette has been used for radioactive liquids, documentation for residual radiation must be sent (attached).

Date: \_\_\_\_\_

Name: \_\_\_\_\_