DANDIAG

ilac-MRA DANAK CAL Reg.No. 490 Member of EA MLA

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 manufactor:	Serial no.:	Customer ID no.:	No.	Pipette manufactor:	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.
PreCal (As found - before service)*					
Calibration (As left - after service)					
ONLY calibration (NO service)					

Pipetting mode - write P, rP or D
If the box is empty; Pipettes will be calibrated in P-mode and Dispensers in D-mode

Note:
Multi-channel pipettes will be calibrated (all channels) by using a multi-channel balance.

***) 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		TIPS / Tip cone FILTERS		SERVICE, ADJUSTMENT etc.	
ISO 8655 - Max. Errors		Customers tips (sent with)		Service is ordered	
Manufacturer´s specifications		Manufactur:		NO adjustment	
Manufacturer´s specifications x 1,5		NO thanks to inserting filter		Repair, please write the malfuction	
Customer´s own specifications. Must be attached,				Pipettes are purchased with an annual service koncept	

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

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: _____