

FORM 12 (ENG): STANDARD 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			

	5.2	5.3	6.3	10.2	10.3	10.1	10.1 Fixed vol.	Pipetting mode - write P, rP or D If the box is empty; Pipettes will be calibrated in P-mode and Dispensers in D-mode
PreCal (As found - before service)*								
Calibration(As left - after service)								
ONLY Calibration (No service)								

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

*) A pre-calibration documents the functionality of the pipette before a service maintenance is done.

SPECIFICATIONS

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

ISO 8655 - Max. errors	
Manufacturer's specifications	
Manufacturer's specifications x 1,5	
Customers own specifications. must be attached	

TIPS / Tip cone FILTERS

Customers tips -
should be sent in original packaging
NO thanks to inserting tip cone filter

SERVICE, ADJUSTMENT etc.

Service is ordered	
NO adjustment	
Repair, please write the malfunction	
Pipettes are purchased with an annual annual free service maintenance	

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: _____