

Service Form

Delivery address

Invoicing address
Please only fill in if deviates from delivery address.

Sender information					
customer no.	your order number	contact	telephone	fax	e-mail

Calibration interval (please tick)			
annually		twice a year	
		quarterly	

Limiting values as per (please tick)			
ISO 8655 (standard)		manufacturer	
		customer's SOP	

Service Level (please tick)
<input type="checkbox"/> 2 STAR <input type="checkbox"/> 2 STAR easy <input type="checkbox"/> 3 STAR <input type="checkbox"/> GLP 3 STAR <input type="checkbox"/> DAkkS input measurement <input type="checkbox"/> DAkkS service & calibration

Please note: Our Standard 2 Star calibration according to ISO 8655 with a yearly test interval will be performed, if the above boxes not be ticked.

Pipette Listing			
Manufacturer	Volume	Serial No.	Comment/Identified problem
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Declaration of Decontamination	
Please be aware that our technicians only accept decontaminated/non-hazardous pipettes. Please confirm your pipettes are safe for us to work on by completing and signing the declaration below. If you don't complete the declaration we cannot process your pipettes. Thank you for your assistance.	
Was a decontamination of the pipette(s) required?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what type of contamination?	
Method of decontamination:	
We confirm that our pipettes have been cleaned and decontaminated of any microbiological, chemical or radioactive contamination and that they are safe to handle.	<div>Date</div> <div>Signature</div>