

Company Name		Date	
Street (shipping)		Department	
City, State, Zip		Rm/Lab #	
Contact Person		Email Address*	
Phone Number		Fax Number	

*Note: Your email address will only be used as a method of correspondence related to your order.

Billing Street			
City, State, Zip			
Contact Person		Fax Number	
Phone Number		Return Method	Overnight 2 Day Express Ground

PAYMENT INFORMATION

Purchase Order Number:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Credit Card Acct #	Expiration Date	CVC:
Cardholder Name	Cardholder Signature	

Services provide a thorough inspection and cleaning, preventive maintenance (PM), minor repairs as needed and calibration. All Service levels include a calibration certificate and sticker. Calibration adjustments are performed as needed. ***Please include tips for your pipettes, so we can calibrate your instruments with the same tips you actually use.***

GOLD SERVICE:

- As Found 3 x 4 and 3 x 4 As Left (single channel) \$38
- As Found 3 x 4 and 3 x 4 As Left (Multi ALL 8 channel) \$90
- As Found 3 x 4 and 3 x 4 As Left (Multi ALL 12 channel) \$110

SILVER SERVICE:

- As Left 3 x 5 (single channel pipettes) \$24
- As Left 3 x 5 (multi channel pipettes) \$65

BRONZE SERVICE:

- As Left 2 x 5 (single channel pipettes) \$20
- As Left 2 x 5 (multi channel pipettes) \$50

A Precise Pipette Calibrations representative will call you with an estimate if major repairs are needed.

SEND TO	Precise Pipette Calibrations Contact Information
Precise Pipette Calibrations 16024 Manchester Rd., Suite 200M Ellisville, MO 63011	Kirk Duff, Calibration Manager Phone: (877) 315-1056 Email Address: kduff@precisepipette.com

(PLEASE INCLUDE STATEMENT OF DECONTAMINATION)

STATEMENT OF DECONTAMINATION

Company Name			
Company Address		Phone:	
End User Name		Date:	

Precise Pipette Calibrations is committed to quality, safety, and the elimination of any cross contamination risk, and continued compliance to all local, state, and federal regulations (e.g. DOT, IATA, CFR, etc.). In order to accomplish this goal and to protect the integrity of the service provided to our clients and the health of our staff, we must require that all instruments that are serviced by Precise Pipette Calibrations are free from any chemical, biological, or radioactive contamination before they arrive at our facility or are received by our technicians. By signing below, you certify the instruments contained in this order have been properly cleaned, disinfected and decontaminated and are safe for human handling without any special protective gear, equipment, or apparel.

Rejection right: if not decontaminated.

Method of Sterilization:

Ethylene Trioxide Irradiation Autoclave Biocides Other: _____

***Recalibration frequency is the interval desired until the next calibration (i.e. 6 months, 12 months, etc)**

3 Months 6 Months 12 Months Other: _____

Signature: _____ Title: _____ Date: _____

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(PLEASE INCLUDE THIS FORM WITH YOUR CALIBRATION WORK ORDER)