



CALIBRATION & REPAIR WORK ORDER

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

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

All Pipette Services Include Calibration and Preventative Maintenance – please include tips for your pipettes, so we can calibrate your instruments with the same tips you actually use.

Pipettes Gold Service – 4 readings at 3 volumes, both “as found” and “as left” data

QTY: _____ \$32 Single Channel, QTY: _____ \$85 Multi-Channel

Silver Service – 7 readings at 3 volumes, only “as Calibrated” data

QTY: _____ \$18 Single Channel, QTY: _____ \$55 Multi-Channel

Other: Please identify pipette and service needed: _____

A Precise Pipette Calibrations representative will call you with an estimate.

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:				
<input type="checkbox"/> Ethylene Trioxide	<input type="checkbox"/> Irradiation	<input type="checkbox"/> Autoclave	<input type="checkbox"/> Biocides	<input type="checkbox"/> Other: _____

*Recalibration frequency is the interval desired until the next calibration (i.e. 6 months, 12 months, etc)				
<input type="checkbox"/> 3 Months	<input type="checkbox"/> 6 Months	<input type="checkbox"/> 12 Months	<input type="checkbox"/> Other: _____	

Signature: _____ Title: _____ Date: _____

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(PLEASE INCLUDE THIS FORM WITH YOUR CALIBRATION WORK ORDER)