

Pipette Service Request & Declaration

TO AVOID DELAYS please fill out both sides of this form in its entirety

Shipping Details

Company Name: _____

Contact Name: _____

Department: _____

Email Address: _____

Delivery Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Billing Details

Billing Company: _____ Invoice Address (if different from above)

Contact Name: _____

Billing Email: _____

Billing Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone Number: _____

Payment Details

Purchase Order Number: _____ Please enclose copy of PO (if available)

Please tick if you are paying via credit card. We will contact you once the order is complete so that you may make payment over the phone

Pipette Details

Please select appropriate option

- List Pipettes below and select Calibration and Service Options -			Calibration Level		Service	
Pipette Make / Volume / No. of Channel	Serial Number	Comments	Principal	NATA	Maintenance / Repair? (Y/N)	Warranty (Y/N) ^
Principal: Calibration at two (2) levels, ten (10) readings at each level using acceptable limits from ISO8655-2 For multi-channel pipettes, calibration of first and last channels.			Principal	NATA	Maintenance / Repair? (Y/N)	Warranty (Y/N) ^
NATA: (NATA) Calibration at three (3) levels, ten (10) readings per level for both 'as found' and 'as left' results, where any changes are made. In accordance with ISO17025, using ISO8655-6 methodology and ISO8655-2 acceptable limits. Calibration of all channels for multi-channel pipettes.						
Service: Maintenance cleaning, regreasing, function test and repair, as necessary (prices exclude parts)						
e.g. Sartorius Tacta, 1-channel, 100-1000uL	12345678	Broken tip cone	✓	✓	Y	N
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

^Please complete Warranty Details section on page 2, if answered 'Yes' to warranty, above.

IMPORTANT: Pathtech reserves the right to charge an inspection fee / return freight charge, where a repair quote has been declined to proceed.

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Fault Description:

Calibration Frequency

Do you require a calibration reminder? Yes No

If Yes, please indicate the frequency for recalibration: 3 Months 6 Months 12 Months Other

If no calibration reminder period is indicated, the 'next due' field will remain blank on the calibration label and report

Warranty Details (if applicable)*

Date of Purchase:

PO Number / Order Reference:

Supplier Name:

Service Preference

Quote before proceeding with any service that requires addition costs

Proceed with repairs or maintenance where economical

Hard Copy Certificates NOTE: All certificates are available electronically via the service portal and emailed by default

Pipette Decontamination Declaration

Please indicate if pipettes have been used with any of the following:

Bio-Hazardous Materials Radioactive Specimens Hazardous Chemicals or Solvents

Other, please specify:

Pipette Decontamination

The most common decontamination methods are:

For biological substances:

- Wipe over with a solution of 70% ethanol

For viral substances:

- Wipe over with a detergent solution as per manufacturer's instructions
- Autoclaving – Only for pipettes that are designed to be autoclaved. Autoclaving a non-autoclavable pipette can result in damage. Pathtech DOES NOT take responsibility for any damage resulting from improper autoclaving.

For radioactive substances:

- The pipette MUST be free of any radioactivity and MUST be accompanied by a separate declaration, supplied by the end user or person signing this Service Request and Declaration Form

For chemical substances:

- The pipette MUST be cleansed thoroughly of all chemical and hazardous material

I certify that these pipettes have been carefully cleaned and decontaminated from bacteriological, virological, chemical, or radioactive contamination and are therefore safe for human handling.

Upon request, we agree to give the necessary information for proof a decontamination method has been appropriated.

All of the information I have provided on this form is accurate and I agree to proceed with the selected service.

Signature:

Date:
