



Pipette Service Request Form

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| Contact Name: | |
| Company: | |
| Address: | |

Location of Service

- ☐ Onsite (Customer Location) * ISO 8655-6 is not available onsite due to strict environmental and equipment requirements
- ☐ In Lab (Cross Service Branch)

Level of Service Required

- ☐ NIST Traceable Service** (4 readings per volume) Includes As Found/Left Data with Certificate.
- ☐ Accredited 17025 Service** (4 readings per volume) Includes As Found/Left Data, Uncertainties with Certificate.
- ☐ NIST Traceable ISO 8655-6 Service** (10 readings per volume) Includes As Found/Left Data with Certificate
- ☐ Accredited ISO 17025 / 8655-6 Service** (10 readings per volume) Includes As Found/Left Data, Uncertainties with Certificate.
- ☐ Special Requirements or Instructions (i.e. # of Readings Per Volume, Manufacturer's Specifications, etc.)

** We calibrate all variable volume pipettes at 10, 50 and 100% of volume and use the tolerances listed in ISO 8655-2 unless otherwise directed. The tolerances from ISO8655-2 are based on the nominal volume of the pipette (full scale range) and not the dispensed volume.

Cleaning, PM and Repair Service Required

- ☐ Basic Clean – External wipe down with 70% Ethyl Alcohol, distilled water flush. No Charge.
- ☐ PM Plus - Tip/Cone disassembly, clean all internal components with 70% Ethyl Alcohol, lubricate and reassemble. (Only the data before PM and after final adjustment will be provided.)

Single Channel \$45 Extra Per Pipette

Multi-Channel \$75 Extra Per Pipette

- ☐ Over Haul – Above cleaning process to include new seal kit. Will be quoted and billed as time and expense. (In Lab Only)

Miscellaneous Expenses – Shop Supply charges will be billed for tips at \$1 per tip if not provided.

Repair and Adjustment Approvals

If your device is found Out Of Tolerance, inoperative or requires a PM and Over Haul Kit to bring back into specifications;

- ☐ Perform PM, Overhaul and Adjust – Add PM charge, overhaul kit to the invoice as needed.
- ☐ Evaluate For repair and Quote Cost before any work is done. A \$25 evaluation fee will apply. The evaluation fee will be waived if repairs are approved.
- ☐ Reject the unit and return as is.

Contamination Disclosure

Please indicate if your equipment has been used with any of the following:

- ☐ Bio-hazardous Materials ☐ Radioactive Specimens ☐ Hazardous chemicals or solvents ☐ Other Hazardous Substances

Failure to attach this form will result in service delays and/or equipment being returned without being serviced. It is the responsibility of the sender to remove all substances that are dangerous to human health and to choose the appropriate method of decontamination based upon the substances used in the pipette.

Please describe the method used to decontaminate the equipment listed:

Please complete the following declaration:

- ☐ I confirm the above materials have been decontaminated and cleaned of any potential biological, radioactive or chemical hazard using standard recognized and suitably documented procedures.
- ☐ The device has not been decontaminated or cleaned. *This may result in equipment being returned without being serviced*

Authorized Signature: _____ Position: _____

Date: _____