



Pipette Calibration Service Form

R200B Online

Prior to pickup or shipment, please enclose this completed form with your instruments. Electronic certificates will be sent directly to your email address once calibration is completed.

1. Company/Institution: _____ Your Name: _____

2. Department: _____ Room: _____ Phone: _____

3. Your email address _____ Mobile Phone: _____

| | | |
|--|---------------------------------------|--|
| 4. Number of Single Channel _____ | Number of Multichannels: _____ | Number of Bottletop Dispensers: _____ |
| Premium (Level 5) | Premium (Level 5) | Premium (Level 5) |
| Enhanced (Level 4) | Enhanced (Level 4) | Enhanced (Level 4) |
| Standard (Level 3) | Standard (Level 3) | Standard (Level 3) |
| Research (Level 2) | Research (Level 2) | Research (Level 2) |
| Academic (Level 1) | Academic (Level 1) | Academic (Level 1) |

5. Multichannel Service Options: MC Standard MC Premium MC Plus (Select Customers Only)

6. PCV Service: Number of Controllers _____

7. Optional Services Requested:

paper certs (electronic are default)

DNA Decontamination

| | | |
|--------------------|-------------|-----------|
| OFFICE USE ONLY | | |
| Approved: _____ | Date: _____ | By: _____ |
| Accessioned: _____ | Date: _____ | By: _____ |
| Order #: _____ | | |

8. Customer Specific Instructions:

8a. Repair Information:

9. Calibration Service Interval: 3 months 4 months 6 months Annual Other _____

| | | | |
|----------------------------|--|---|---|
| 10. Payment Method: | Purchase Order | Purchase Order Number: _____ | PO was attached? |
| | Credit Card | Name on Card _____ | Last 4 digits: xxxx-xxxx-xxxx- _____ |
| | Quote Only | Credit Card Billing Zip Code _____ | Card is on file: (yes if checked) |
| Quote Number: _____ | Office Use Only: On Hold Reason: _____ | | |

11. Requested Return: UPS Ground 2nd Day Next Day Air Courier _____ return shipping acct #

11a. Shipping Information:

Billing same as shipping

Billing Information:

11b. Packaging Options

Standard Packaging _____ (FREE)

Premium Reusable Packing _____ (Additional Fee Applies) / See price schedule

Billing phone # _____

AP Email Address _____

| |
|--------------------------------|
| Office Use Only |
| Protective Packaging Included |
| Return Shipping Label Included |

12. Decontamination

I certify that instruments are free from contamination with biohazardous chemicals or radioactive materials. (Box Must Be Checked)

Are you a returning pipette calibration customer? Yes