

## Pipette Calibration Service Form

R200B Online

Prior to pickup or shipment, please enclose this completed form with your instruments

1. Company/Institution:		Your Name:			<del> </del>	
2. Department:		Room:		Phone:		
3. Your email address			Mobile Phone: _			
4. Number of Single Channel Premium (Level 5) Enhanced (Level 4) Standard (Level 3) Research (Level 2) Academic (Level 1)  5. Multichannel Service Options: 6. PCV Service: Number of Controlle 7. Optional Services Requested:	Number of Mu Premium Enhanced Standard Research Academic  MC Standard  Approved: Accessione Contamination  Order #:	Iltichannels:	MC Plus (  USE ONLY  By:  By:  By:	Number of Bo Premium Enhance Standard Research Academi Select Custo	ttletop Dispensers:  I (Level 5) Id (Level 4) Id (Level 3) In (Level 2) Id (Level 1)	
9. Calibration Service Interval:  10. Payment Purchase Order Method:  Credit Card Quote Only	Name on Card	chase Order Number:				
Quote Number:		Office Use Only:	On Hold Reas	on:		
11. Requested Return: UPS 11a.Shipping Information:	<b>Billing same as ship</b>	Next Day Air  pping Billing	Courier Information:		return shipping acct	
11b. Packaging Options Standard Packaging _	(FREE)					
12 Decontamination	g (Additional Fee Applement) certify that instruments are free from contant adioactive materials. (Box Must Be Checket ion customer? Yes	nination with biohzardous chemi		Prote	ffice Use Only ective Packaging Included ern Shipping Label Included	

Pipette Lab Locations: Transcat, 113 Cedar St. Suite 2 Milford, MA 01757 / Transcat, 7726 Arjons Dr. San Diego, CA 92126 Visit www.pipettes.com for discount prices on Brand-name pipette products