



Pipette Calibration Service Form

R200-2B Rev 08

Prior to pickup or shipment you must enclose a completed form with your pipettes

1. Company/Institution _____ Your Name _____
2. Department _____ Room _____ Phone (____) _____
3. Your e-mail address _____ AP Email Address _____ Fax (____) _____
4. Calibration Service Level Requested: type in the quantity of pipettes for each calibration option. *Reported uncertainties are not included in the determination of PASS/FAIL results.

*SC *MC *BT (SC - single channel pipettes, repeat dispensers, syringe / MC - multichannel pipettes / BT - bottle-top dispenser or burettes)

Premium (ISO-Accr.) _____ (Certificate with ISO accreditation logo included -10 'as found data', '10 as left data, accuracy and precision data)

Enhanced (Lv. 4) _____ (Individual certificate included, - '4 as found data', '10 as left data, accuracy and precision data)

Standard (Lv. 3) _____ (Individual certificate included, - '4 as found data', '4 as left data, accuracy and precision data)

Research (Lv. 2) _____ (Individual certificate included, - '4 as left data only, accuracy and precision data)

Academic (Lv.1) _____ (Batch certificate included, - no measurement data)

5. Multichannel Pipette Options: required if multichannel pipettes are included above, please check the MC calibration options

MC Standard Includes inter-channel performance verification followed by data measurements from one random channel

MC Plus Includes MC Standard, plus a single measurement from every channel three test volumes

MC Premium Includes calibration option selected above for each individual channel

6. Pipette Controller Validation: check here when submitting motorized controllers or Pipet-aid® types

PCV Service Includes performance check, new filter and label.

7. Optional Services Requested: Original paper certificates are provided at no additional cost. Please check one to request

e-certificates: Original electronic certificates (pdf file), email address required DNA decontamination: Additional step to remove PCR-contaminating DNA from each pipette

8. Special Instructions / Repair Information: (Please use this space to detail specific issues that will help us give attention toward any problem pipettes)

9. Calibration Service Interval (next calibration) 3 months 4 months 6 months Annual

10. Payment Information: Required (check one)

Purchase Order VISA MC AMEX # _____

If Card: Name on Card _____ Bill Zip Code _____ Security Code: _____ Exp date _____ / _____

Options for shipped packages: Return shipping default is Ground Service. Please upgrade to 2nd Day Next day

11a. Your Shipping Address: _____ Your Billing Address: same as shipping

Billing phone # _____

- 11b. Standard Packaging _____ (FREE) Premium Reusable Packing _____ (Additional Fee Applies) / See price schedule

12. Decontamination of Pipettes is Required (Please do not submerge pipettes in cleaning solutions, as this will cause damage)

Pipettes have been decontaminated from biohazardous, chemical, and radioactive materials by the use of:

70% EtOH 10% Bleach Count-off® other _____

Your Signature: _____ Date: _____

(Required Signature)

Ship to: Pipettes.com • 113 Cedar Street, Milford, MA 01757 • (800) 242-6022
Visit www.pipettes.com for discount prices on Brand-name pipette products

Shipping instructions: Wrap pipettes in a protective wrap and package them securely in a sturdy shipping box. Use protective foam or bubble wrap to limit movement during shipping. Be sure to use an insured carrier (ie.FedEx, UPS, DHL)