

**Service Request & Decontamination Form**

**LC - F100**

	<p><b>LabCal</b>                  7080 N McCormick Blv, Linconwood, IL 60712                  TEL: 1-847-220-4486                  www.Lab-Cal.com</p>	 <p>Calibration, Test &amp; Measurement</p>
(NIST / ISO/IEC 17025 compliant Laboratory)		

<b>Ship To</b>	<b>Bill To</b> (Same as Ship To) <input type="checkbox"/> Yes <input type="checkbox"/> No
Company _____	Company _____
Contact _____	Contact _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Tel# _____	Tel# _____
Email _____	Email _____
<b>Method of Payment</b>	Visa <input type="checkbox"/> Master <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> Other <input type="checkbox"/> PO# _____
Card# _____ Will call you for this Information	Exp. Date _____ Sec. Code _____
Name on the Card _____	Signature _____

<b>Service Plan (✓)</b>	<input type="checkbox"/>	Calibration Only, No Repair
	<input type="checkbox"/>	Calibration & Repair if necessary, Repair Qoute will be provided before work is started.
Statement		All Tolerances are based on readings falling with in specified limits without uncertainty affecting the Tolerance limits. (Simple Tolerances from approved Publications, MFG Specifications, Customer etc....)

(Put '✓' in appropriate box to choose your criteria.)

As Found
<input type="checkbox"/> 4 Readings @ low & high volume
<input type="checkbox"/> 4 Readings @ low, mid & high volume
<input type="checkbox"/> 10 Readings @ low, & high volume
<input type="checkbox"/> 10 Readings @ low, mid & high volume

As Calibrated
<input type="checkbox"/> 4 Readings @ low & high volume
<input type="checkbox"/> 4 Readings @ low, mid & high volume
<input type="checkbox"/> 10 Readings @ low, & high volume
<input type="checkbox"/> 10 Readings @ low, mid & high volume

**Cal. Specifications (✓)**

**ISO 8655**                       **Manufacturer's**  
 (By default, pipettes are calibrated to the manufacturer's specifications)

**Cal. Frequency (✓)**

**3 Months**             **6 Months**             **12 Months**  
 (By default, end of the month is printed as the next due date on the certificate.  
 If you require exact date, please specify) \_\_\_\_\_

**Asset & Due Labels (✓)**

**Affix Asset/Due Labels**                       **No Labels**

**Shipping (✓)** (charges apply)

**Priority**                       **2nd Day**                       **Ground**

**Number of Pipettes**

Single Channel	
Repeaters	
Electronic	
Multi-Channel	
<b>TOTAL</b>	

**I certify that the above pipettes have been De-Contaminated from Radioactive and Biohazard.**

Signature \_\_\_\_\_ Title \_\_\_\_\_  
 Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Shipping Instructions**

By signing this document you/your entity assumes all responsibility and liability for Radiological, Biological & Chemical Decontamination. LabCal reserve the right to refuse items it deems unsafe to handle and return those items to the customer. Customer assumes all cost associated with Decontamination, and or disposal of these item by LabCal. All Items must be packaged properly for shipping (bubble wrap pipettes etc...).