PLEASE RETURN THIS FORM WITH THE PRODUCT

Service Request & Decontamination Form, items other than pipettes LC - F101



LabCal

7080 N McCormick Blv, Linconwood, IL 60712 TEL: 1-847-220-4486 www.Lab-Cal.com



(NIST / ISO/IEC 17025 compliant Laboratory)

Ship To				Bill To	(Same as Sh	nip To) □Yes □No	,	
Company				Company				
Contact				Contact				
Address				_Address				
City	State	Zip		 City		State	Zip	
Tel#				Tel#				
Email				_ Email				
Method of Payment	Visa I			Amex □	Diners □	Other □	PO#	
Card# Will	call you for this Ir	nformat	ion	Exp. Date			Sec. Code	
Name on the Card					_Signature _			
Service Plan (✓)			Calibration	n Only, No Re	pair			
			Calibration started.	& Repair if neccessary, Repair Qoute will be provided before work is				
	Statement		uncertaint	Tolerances are based on readings falling with in specified limits without certainty affecting the Tolerance limits. (Simple Tolerances from approved blications, MFG Specifications, Customer etc)				
Cal. Specifications (✓)						ecifications with As	Found/As Left Data)	
Cal. Frequency (✓)	_		e month is	•		12 Months on the certificate. If	you require exact	
Asset & Due Labels (✓)	☐ Aff	fix Ass	et/Due Lab	oels 🗆	No Labels			
Shipping (✓) (charges a	ıpply) 🔲 Pri	iority	ı	☐ 2nd Da	у 🗆	Ground		
Item Mfg	Model#					Description		
I certify that the above p	ipettes have bee	n De-C	Contamina	ted from Rad	ioactive and E	Biohazard.		
Signature				_	Title			
Print Name					Dat	ie —	_	
Shipping Instructions				_				

By signing this document you/your entity assumes all reponsibility 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 etc..).

Revision 0 Revised Date: 5-1-2021