

## PIPETTE DECONTAMINATION FORM

Complete and attached this form for each pipette order sent to our lab. Failure to attach this form will result in service delays and/or equipment being returned without being serviced.

It is the responsibility of the sender to remove all substances that are dangerous to human health and to choose the appropriate method of decontamination based upon the substances used in the pipette.

Company: \_\_\_\_\_ Contac: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Equipment Information:

Model:	Serial No.	Tips Included		Chargers Included		Repair	Calibration	Re-Test For As Found	Comments
		Yes	No	Yes	No				

If more space is needed, attach an equipment list, additional forms or a blanket decontamination letter signed and on your company letterhead.

#### Decontamination Information

What materials were used in each pipette listed above?

Non Hazardous   
  Virus   
  Toxic substance   
  Pathogen   
  Carcinogen   
  Bacteria  
 Chemical (explain) \_\_\_\_\_ Other (explain) \_\_\_\_\_

#### Decontamination Procedure Used: (If non-hazardous, skip this section)

Autoclave   
  Biocides   
  Other (explain) \_\_\_\_\_

*Authorization: I certify that the unit(s) identified above has been totally decontaminated of all chemical, biological and/or radioactive materials PRIOR to shipment.*

\_\_\_\_\_  
 Printed Name of Company Representative:

\_\_\_\_\_  
 Title:

\_\_\_\_\_  
 Signature:

\_\_\_\_\_  
 Date :

#### Office Use Only:

Job No.: \_\_\_\_\_

PO No.: \_\_\_\_\_

Total Quantity Received: \_\_\_\_\_

Chargers Received: \_\_\_\_\_

Tips Received: \_\_\_\_\_