PIPETTE POLE IDEAL PARS | www.medpip.com | info@medpip.com

P.I.P. PIPETTE CALIBRATION & SERVICE ORDER FORM

Use of a contaminated pipette may result in personal severe disease. This Service Order Form is prepared to prevent personnel exposure to a contaminated device. We require the fully completed printed form for accepting and processing the return. If the printed document is not enclosed with the returned product, Pole Ideal Pars Co. reserves the right not to proceed with the pipette service and repair.
Notice: Register your pipette via my.medpip.com to benefit a better service process.

Complete the information bellow:

Pipette Serial No.		Country / City	
Model / Volume		Address	
Institute / Dept.			
Authorized Person		ZIP Code	
Phone Number		Email	
Cell Phone			

Select your request:

- ☐ Routine Service
- ☐ Calibration
- ☐ Repairs

In the case of selecting **Repairs**, please explain the problem.

Device is Contaminated / NOT Contaminated

☐ I hereby confirm that the device specified above did not come into contact with hazardous or infectious substances.

☐ I hereby confirm that the device specified above has come into contact with the following substances:

☐ Harmful Aqueous Solutions, Buffers, Acids, Alkalis ☐ Potentially Infectious Agents ☐ Organic Reagents and Solvents ☐ Radioactive Substances ☐ Harmful Proteins

☐ DNA ☐ Biological Agents ☐ Other: .....

If the pipette was in contact with biological agents, please specify the Risk Factors of the samples used.

☐	Risk Factor 1	Well-characterized agents which do not cause disease in healthy humans.
☐	Risk Factor 2	Agents of moderate potential hazard to personnel and the environment.
☐	Risk Factor 3	Microbes which can cause serious and potentially lethal disease via the inhalation route.
☐	Risk Factor 4	Agents that could easily be aerosol-transmitted within the laboratory and cause severe to fatal disease in humans for which there are no available vaccines or treatments.

Device is decontaminated

☐ I hereby confirm that the device specified above has been decontaminated.*

*For more details about decontamination process refer to the Pipette Operating Manual.

Please state decontamination reagent / process.

Institute / Dept.	
Authorized Person	
Date	

Signature of the Authorized Person

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