

Service Request & Decontamination Form

FORM - F118

 Your Reliable Pipette Connection™	NOVAMED INC. 8136 N LAWNDALE AVE SKOKIE, IL 60076 TEL: 1-800-354-6676, FAX:1-847-675-3322 www.novamed1.com	 (An ISO/IEC 17025 Accredited Laboratory)
--	--	---

Ship To _____			Bill To (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# _____	Fax# _____		Tel# _____	Fax# _____	
Email _____			Email _____		

Method of Payment Visa Master Amex Diners Other PO# _____

Card# _____ Exp. Date _____ Sec. Code _____

Name on the Card _____ Signature _____

Service Plan (✓)	<input type="checkbox"/>	Basic	(Recommended for Universities, Research Labs etc. Pipette disassembled upon receipt and calibrated, <u>no certification provided</u>)
	<input type="checkbox"/>	CLIA Plan	(Recommended for Hospitals, Clinical Labs etc. that require CLIA/CAP calibration documentation. Pipette disassembled upon receipt and calibrated at low or high volume, consolidated certificate provided with a pass or fail status)
	<input type="checkbox"/>	GMP Labs	(Recommended for Pharmaceutical, Biotech and Forensic facilities that require GMP documentation. ISO 17025 NIST traceable individual certificate provided for pipette.)

(Put '✓' in appropriate box to choose your criteria. Applicable only to GMP Labs)

As Found	As Calibrated
<input type="checkbox"/> No As Found Required	
<input type="checkbox"/> 4 Readings @ low & high volume	<input type="checkbox"/> 4 Readings @ low & high volume
<input type="checkbox"/> 4 Readings @ low, mid & high volume	<input type="checkbox"/> 4 Readings @ low, mid & high volume
<input type="checkbox"/> 5 Readings @ low, mid & high volume	<input type="checkbox"/> 5 Readings @ low, mid & high volume
<input type="checkbox"/> 6 Readings @ low, mid & high volume	<input type="checkbox"/> 6 Readings @ low, mid & high volume
<input type="checkbox"/> 10 Readings @ low, mid & 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Single Channel</td><td>_____</td></tr> <tr><td>Repeaters</td><td>_____</td></tr> <tr><td>Electronic</td><td>_____</td></tr> <tr><td>Multi-Channel</td><td>_____</td></tr> </table>	Single Channel	_____	Repeaters	_____	Electronic	_____	Multi-Channel	_____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>TOTAL</td><td>_____</td></tr> </table>	TOTAL	_____
Single Channel	_____											
Repeaters	_____											
Electronic	_____											
Multi-Channel	_____											
TOTAL	_____											

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

Signature _____ Title _____

Print Name _____ Date _____

Shipping Instructions
 Decontamination of Radioactive & Biohazards of Pipettes is required.
 All pipettes must be packaged properly for shipping (bubble wrap pipettes).
 Novamed calibrates pipettes using manufacturer tips.
 For Repeater type of pipettes, please include the specific tip volume to be used, otherwise a standard 5mL tip is used.