

Pipette Calibration Service Request for Quote/Order Form with Statement of Decontamination

Organization: _____ Contact: _____ Phone: _____

FAX TO: 856-686-1601 Sales Department ATTN: _____

For calibration service, send items and include this form to:
Henry Troemner LLC, 201 Wolf Drive, Thorofare, NJ 08086

****Please complete the Troemner Request for Quote/Order Form Cover Page to fax with this form****

Order or **Request for Quote** (Check one)

- Level 1 Pipette Calibration Service** - Troemner's most comprehensive accredited NIST traceable calibration providing a total of 60 measurements per channel (10 readings at 3 different volumes - "as found" and "as left"). Seals and O-rings replaced as needed.
- Level 2 Pipette Calibration Service** - This accredited NIST traceable calibration service includes a total of 24 measurements per channel (4 readings at 3 different volumes - "as found" and "as left"). Seals and O-rings replaced as needed.
- Level 3 Pipette Calibration Service** - Designed for laboratories that require only a basic accredited NIST traceable calibration service for their pipettes. This service includes a total of 12 measurements per channel (4 readings at 3 different volumes - includes "as found" data only).

Manufacturer: _____ Model: _____ Serial #: _____ Range: _____
Manufacturer: _____ Model: _____ Serial #: _____ Range: _____
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Manufacturer: _____ Model: _____ Serial #: _____ Range: _____
Manufacturer: _____ Model: _____ Serial #: _____ Range: _____

List any exposure to hazardous fluids, gasses or substances – please attach copies of any MSDS sheets where appropriate: _____

Method of Sterilization: ETO Biocides Irradiation Autoclave
 Manual Disassembly and Cleaning None Required
 Other: _____

I certify that the aforementioned item(s) are free of any radioactive, biohazardous or otherwise dangerous substances / gasses and are safe for human handling.

Signature: _____ Title: _____ Date: _____
Print Name: _____ Print Title: _____

3-086-BF (01/05)

For Troemner Use Only
Quoted Price: _____
Quote #: _____
Date: _____
Name: _____

To minimize delays – Please include a copy of this form and your order along with your pipette(s) to be calibrated. Service will not be performed without complete decontamination information on this form.

