



**PIPETTE DECONTAMINATION DECLARATION
and Servicing Review**

Company: _____	Contact: _____
Address: _____	Department: _____
_____	Email: _____
_____	Telephone: _____

If your pipettes are to be couriered, do you require courier insurance? Yes No

If 'Yes' please state value of insurance required: _____ Rands

Required service level (Quick Cal, 1 Star, 2 Star, 3 Star, 3 Star Plus or 3 Star Custom): _____

Do you require a dated calibration sticker on your pipette(s): Yes No

Do you require a calibration sticker "NEXT CALIBRATION DUE" date? Yes No

If yes, please state calibration interval for inclusion on the label: _____ Months

Customer signature: _____ Date: _____

StarLab TipOne or CAPP ExpellPlus pipette tips will be used unless customer specifies otherwise:

Yes **or** No - Customer to supply tips

Certificate preference: Signed paper hardcopy? **or** PDF electronic copy to disk?

Description of Pipette(s): Please include Make, Model and serial number(s) _____

Did the pipette(s) require decontamination? Yes No

Nature of contaminant: _____

Method of decontamination: _____

Decontaminated By: _____ Date: _____

Are any special precautions required when handling the pipette(s)? If yes, please specify: _____

I confirm that the above information is accurate and that the pipette(s) detailed is/are safe to handle.

Name: _____ Signed: _____

Position: _____ Date: _____