



# Liquid Handling Service Request

P 0800 522 787  
F 0800 893 482  
E [info@labsupply.co.nz](mailto:info@labsupply.co.nz)  
PO Box 7051, Dunedin 9011  
[labsupply.co.nz](http://labsupply.co.nz)

Please email a copy of this completed form to [info@labsupply.co.nz](mailto:info@labsupply.co.nz) and include a copy with the goods.  
Please see the following pages for decontamination information and address label.

## Contact Information

Full Name:		Date:	
Company:		Email:	
Return Address:			

## Order details

PO #:		Your reference:	
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## Instrument Details

Type (SC, 8CH, 12CH)	Product	Volume Range	Serial #	Request (Calibration/Repair) Please Include any faults	LAB SUPPLY USE ONLY		
					P	CAL	

If any repairs are required, I authorise Lab Supply to install new parts (e.g. seals, tip ejectors, tip holders) per device up to the value of \$ \_\_\_\_\_

# Liquid Handling Service Request

## Decontamination Information

**Has the listed instrument(s) come into contact with the following materials:**

Health-damaging liquid solutions, buffers, acids and alkalis?	Yes		No	
Potentially infectious agents?	Yes		No	
Organic reagents and solvents?	Yes		No	
Radioactive substances?	Yes		No	
Radiation	$\alpha$		$\beta$	$\gamma$
Health-damaging proteins?	Yes		No	
DNA/RNA?	Yes		No	

Did the above substances penetrate instrument(s)?	Yes		No	
If so, which one:				

**Description of the decontamination measures for the listed instruments:**

**I confirm that the instrument(s) are free of contamination:**

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

Organisation/Department: \_\_\_\_\_

Place and Date: \_\_\_\_\_



**To**

**Lab Supply Ltd**

**19 St Albans Street**

**Bradford, Dunedin 9011**

**From**