

**P R E C I S I O N**



**P I P E T T E**

*Because Precision Is Everything*

*Calibration & Repair Service Form*

Ship to: **Precision Pipette Inc.**

2400 Lake Park Drive SE , Suite 105

Smyrna, GA 30080

Attn: Pipette Repair Dept.

\* **Print this page and include (1) copy with your shipment**

\* **Include (2) TIPS per pipette**

\* **Pack box with adequate protection for "fragile goods"**

\* **Indicate desired return shipping method: (we return UPS ground as the default)**

Ground     2nd day     Overnight

Additional shipping instructions: \_\_\_\_\_

\* **Indicate desired shipping insurance coverage: (we return UPS ground as the default)**

Accept the minimum insurance coverage (\$100) on the shipment. (NO additional charge)

\$ \_\_\_\_\_ total insurance coverage by UPS on the box  
(approximate cost = \$1.00 per \$100 additional insurance, included with freight charges)

\* **Indicate Number of pipettes being sent:**

#

\* **P.O. # or Credit card #:** \_\_\_\_\_ **Exps:** \_\_\_\_\_, **CV** \_\_\_\_\_

\* **Return to:** Contact: \_\_\_\_\_ **PH#** \_\_\_\_\_

Email address: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\* **Customer Notes:** \_\_\_\_\_

**Decontamination Confirmation:**

I confirm that all materials /pipettes included in this shipment have been decontaminated and cleaned of any potential biological, radioactive or chemical hazard using appropriate and suitably documented procedures. Method used: \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Printed Name: \_\_\_\_\_ Position/title: \_\_\_\_\_

**\*\* Covid 19 pipettes are to be identified and will be held 72 hours before servicing \*\***