



## PIPETTE DECONTAMINATION FORM

When shipping pipettes, **please include your quote number in the “ATTN” section.** Please print this form out and include it in the parcel/box that you plan on shipping. It is the responsibility of the sender to remove all substances that are dangerous to human health and to choose the appropriate method of decontamination based upon the substances used with the pipette.

Quote Number: _____	Email: _____
Company: _____	Phone: _____

EQUIPMENT INFORMATION	
EQUIPMENT TYPE	QUANTITY
Single Channel Pipette	
Multi-Channel Pipette	
Repeater	
Other:	

### NOTES

*\*Information for the calibration department*

*\*If more space is needed, attach an equipment list along with a letter of decontamination on your company letterhead.*

### DECONTAMINATION INFORMATION

Instruments being shipped were used in the handling of:

Virus / Bacteria                      Radiological

Other (explain): \_\_\_\_\_

### DECONTAMINATION PROCEDURE

(If non-hazardous, skip this section)

Autoclave                                  Biocides

Isopropyl Alcohol (Minimum 70%)

Other (explain): \_\_\_\_\_

## CERTIFICATION

*I certify that the unit(s) identified above has been completely decontaminated of all chemical, biological and/or radioactive materials PRIOR to shipment.*

\_\_\_\_\_  
 Printed Name of Company Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature