

### 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 #: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

Equipment Information	
Pipette Type	Quantity
Single Channel	
Multi-Channel	
Repeater	
Other	
<b>Total:</b>	

#### 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 Used: (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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date