

## ON-SITE PIPETTE SERVICE Pick-up/ On-site Form

For any inquiries: 877-536-2946 service@maximpipetteservice.com

Institution								
Department								
LAB Name (to print on Cal. label)								
CONTACT Name								
Telephone								
Email								
Building								
Room Number								
Quantity								
PAYMENT METHOD								
PO Number							,	
CC Number (CC will be Secured)				Expiry			/	
LEVEL OF SERVICE Quote to obtain a PO BASIC SERVICE ONLY								
			-			E ONLY		
Remove personal labels?	Y	N	Single Channel	\$22	х		=	
Will there be a 2nd batch?	Y	Ν	12-Channel	\$50	х		=	
For Missing Ejectors:			8-Channel	\$40	х		=	
Would you like ejectors?	Y	N	REP/PIPET-AID	\$45	x		=	
Notes (please let us know if you have ejector problems, etc)		Parts/ Balance (\$200	))			=		
						TOTAL	=	
Are calibration certificates needed? (EXTRA CHARGE)	Y	N						
IF YES, please choose	Premiun	n Level	ISO 17025 "As Left"	ONLY	ISC	) 17025 As	foun	d/ As Left
Interval	6 month		12 month	Othe		ier		
AUTHORIZATION								
I authorize Maxim Pipette Service to service & calibrate the pipettes given, and all pipettes given for calibration are free of all radioactive & biohazard contamination. Your signature certifies that the pipettes given for calibration have been decontaminated and are safe for human handling.								
Signature				Date				
FOR MAXIM TECH USE ONLY	Work Order No. Returned to		Qty of pipettes returned		ate ipettes	back order (i	f anv)	