



Instrument Service Request

Contact information:		Date		
Full name		Email		
Company		Phone		
Return address				
Order number details: PO#		Your reference		
Instrument details:				
Type of instrument				
Make	Model		Serial #	
Date purchased if known		Software version		
Accessories being sent with the i	nstrument (rotors	, chargers, supply cab	oles etc.)	
1				
2				
3				
4				
Description of fault / required wa	ork			

Please email a copy of this completed form to info@labsupply.co.nz and include a copy with the goods.





Instrument Service Request Decontamination information

I confirm that the instrument/s are free of contamination: Authorised signature: Organisation/Department:				
I confirm that the instrument/s are free of contamination:				
Description of decontamination measures for the listed instrume	ents:			
ii so, which one.				
If so, which one:	L			
Did above substances penetrate instrument(s) ?		Yes	No	
DNA/RNA?		Yes	No	
Health-damaging proteins?		Yes	β No	Υ
Radioactive substances?	ladiation:	Yes α	No R	
		Yes	No No	
Organic reagents and solvents?		Yes	No	
Potentially infectious agents? Organic reagents and solvents?				
Health-damaging liquid solutions, buffers, acids and alkalis? Potentially infectious agents? Organic reagents and solvents?		Yes	No	



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Lab Supply Ltd 19 St Albans Street Bradford, Dunedin 9011

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