

Liquid Handling Service Request

Contact information:

Full name	Date
Company	Email
Return address	Phone

Order number details: PO# _____ Your reference _____

Instrument details:

Product	Volume range	Serial #	Request (Service, repair, warranty calibration)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If any repairs are required I authorise Lab Supply to install new parts per device up to the value of \$ _____ E.g. seals, tip ejectors, tip holders

Are the instruments being sent in a working condition? YES ☐ NO ☐

If no please give details of faults below:

Serial #	Fault
Serial #	Fault
Serial #	Fault
Serial #	Fault

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

Please see the following pages for decontamination information and address label.

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Decontamination information

Has the listed instrument(s) come into contact with the following materials:

Health-damaging liquid solutions, buffers, acids and alkalis?

☐ Yes ☐ No

Potentially infectious agents?

☐ Yes ☐ No

Organic reagents and solvents?

☐ Yes ☐ No

Radioactive substances?

☐ Yes ☐ No

Radiation: ☐ α ☐ β ☐ γ

Health-damaging proteins?

☐ Yes ☐ No

DNA/RNA?

☐ Yes ☐ No

Did above substances penetrate instrument(s) ?

☐ Yes ☐ No

If so, which one:

Description of decontamination measures for the listed instruments:

I confirm that the instrument(s) are free of contamination:

Authorised signature:

Organisation/Department:

Place and date:



To

**Lab Supply Ltd
19 St Albans Street
Bradford, Dunedin 9011**

From