

Pipette Service, Maintenance, and Repair Request Form



We have several service options including repairs, preventative maintenance, and calibration. Please complete one form for each pipette sent in.

Service Requested:

- Basic (R000601)
- Premier (R000602)
- Elite (R000603)
- Repairs (R000604)

Pipette Model(s) - Serial Number(s):

Reason for Service/Repair:

Contact Name:

Customer PO #:

Customer # (if known):

Phone:

Email:

Customer's Return Shipping Address:

Company Name:

Attn:

Street:

City:

State: Zip Code:

Once your email is received, our team will process your request, and be in touch with shipping instructions.

INTERNAL USE ONLY

PO #:

RA #:



Decontamination and Cleaning of Pipettes

You have requested a Pipette Service, Maintenance, or Repair from Nelson-Jameson.

To protect our personnel, we require that all equipment or components which come into contact with our personnel be free of biological, chemical, or radioactive contaminants.

Therefore, we can only perform maintenance if:

- The device has been adequately CLEANED and DECONTAMINATED.
- This Declaration has been filled out, signed, and returned to Nelson-Jameson.

We ask for your understanding of our measures to ensure a safe and non hazardous work environment for our employees.

Contamination/Cleaning

Attention: Please specify exactly the biological, chemical, or radioactive contaminant the equipment was exposed to:	Attention: Please describe the cleaning and decontamination procedure/method it has been cleaned and decontaminated by:

I/we hereby certify that the information provided on this form is true and complete. The equipment and components have been adequately decontaminated and cleaned according to the legal requirements.

Signature: **Date:**

Please send a copy of this signed form along with your unit to:
Nelson-Jameson
Attn: Service & Repair
2400 E. 5th St
Marshfield, WI 54449



Pipette Service, Maintenance, and Repair Request Form



Nelson-Jameson—Internal Use Only

Billing Address:

Company Name:

Street:

City:

State: Zip Code:

Date:

PO:

Quote #:

Contact Name:

Email Address:

Phone Number:

