



Your Reliable Pipette Connection™

## NOVAMED INC.

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(An ISO/IEC 17025 Accredited Laboratory)

# SERVICE REQUEST FORM & DECONTAMINATION FORM

**Customer** UCSD CORE BIO SERVICES

**Lab Name** \_\_\_\_\_

**Index Number** \_\_\_\_\_

**PI Name** \_\_\_\_\_

**Requester Name** \_\_\_\_\_

**Tel#** \_\_\_\_\_

**Requester Room** \_\_\_\_\_

**Fax#** \_\_\_\_\_

**Building Name** \_\_\_\_\_

**Email** \_\_\_\_\_

### Service Plan (✓)

Universities

☐ Basic

Hospital\*

☐ CL-1

☐ CL-2

GMP/GLP Labs

☐ Verification

☐ Calibration Plan

☐ Calibration Plus Plan

### Pipettes

Single Channel \_\_\_\_\_

Electronic \_\_\_\_\_

Multi-Channel \_\_\_\_\_

Repeaters \_\_\_\_\_

**Total** \_\_\_\_\_

### Cal. Frequency (✓)

☐ 3 Months

☐ 6 Months

☐ 12 Months

I certify that the above pipettes have been De-Contaminated from Radioactive and Biohazard.

**Signature** \_\_\_\_\_

**Title** \_\_\_\_\_

**Print Name** \_\_\_\_\_

**Date** \_\_\_\_\_

### Instructions

Make sure to include Pipette tips (3 tips per pipette, all sizes).

Decontamination of Radioactive & Biohazards of Pipettes is required.

Place pipettes in a plastic bag and include the service request form.

### (For Novamed Internal Use Only)

Single Channel \_\_\_\_\_  
Seal \_\_\_\_\_

Repeater \_\_\_\_\_  
Shaft \_\_\_\_\_

Multi-Channel/Electronic \_\_\_\_\_  
Shipping \_\_\_\_\_