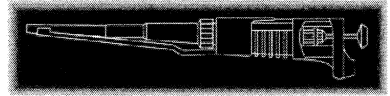


P R E C I S I O N



P I P E T T E

Because Precision Is Everything

Calibration & Repair Service Form

Ship to: **Precision Pipette Inc.**
2400 Lake Park Drive SE , Suite 105
Smyrna, GA 30080
Attn: Pipette Repair Dept.

- * Print this page and include (1) copy with your shipment
- * Include (2) TIPS per pipette/per tip (ie. 12 channel include 24 tips)
- * Pack box with adequate protection for "fragile goods"
- * Indicate desired return shipping method: (default FedEx Express Saver with \$100 insurance)
 Ground 2nd day Overnight

Additional shipping instructions: _____

- * Indicate desired shipping insurance coverage:
***** If neither option selected, default is \$100 coverage *****
 Accept the minimum insurance coverage (\$100) on the shipment. (NO additional charge)
 \$ _____ total insurance coverage by UPS on the box
 (approximate cost = \$1.00 per \$100 additional insurance, add'l costs included with freight charges)

* Indicate Number of pipettes being sent:

* P.O. # or Credit card #: _____ Exps: _____, CV _____

* Return to: Contact: _____ PH# _____

Email address: _____

Company: _____

Address: _____

City/State/Zip _____

* Customer Notes: _____

Decontamination Confirmation:

I confirm that all materials /pipettes included in this shipment have been decontaminated and cleaned of any potential biological, radioactive or chemical hazard using appropriate and suitably documented procedures. Method used: _____

Signature _____ Date ____/____/____

Printed Name: _____ Position/title: _____

**** Covid 19 pipettes are to be identified and will be held 72 hours before servicing ****