Pipette Service Request Form

Contact Information	
Name:	
Phone:	
Email:	
Building:	
Organization:	
Account:	

Level of Service (check desired level)
(for additional pipette listings, please add to page 2)

S/N or ID #	# of Channels	Level I	Level II	Level III	Level IV

Contact with quote prior to any repairs? ____Yes ____No

Request Pickup? ____Yes ____No

Request Delivery? ____Yes ____No

Track the calibration status of pipette(s) in ORNL Metrology Lab METTrack? ____Yes ____No

Pipette(s) has been cleared of all chemical residues? ____Yes ____No

Is there a Green Tag (ORNL-131) provided with the pipette(s)? ____Yes ____No

If box checked "No" please complete the following certification statement.

I Certify that the pipette(s) listed is not being removed from an RMMA, and I have sufficient knowledge of these items to certify that they are free of radioactive contamination.
(No radiological survey or green tag required.) ____Yes ____No

SIGNATURE:_____ BADGE:_____ DATE:_____
(signature not required for electronic transmittal)

Contact: K81 @ornl.gov
Fax: 241-4644

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