

Service Return / Decontamination Form

Principal User's Name: _____ Phone: _____
E-mail: _____ Fax: _____
Thermo Fisher Scientific Account No.: _____

Return Ship Address:

Company Name: _____
Address 1: _____
Address 2: _____
City, St, Zip: _____ Attn: _____
1. Quantity of pipettes returned: Single Channel: _____ Multichannel: _____
2. Other item(s) to be returned: _____
3. Please list Serial Numbers of units returned: _____
4. Please describe product issues or services required in detail: _____

Method of Payment: *Turnaround time cannot be guaranteed without method of payment included*

Quote No.: _____ PO No.: _____
Credit Card: Visa/MC Amex Contact me if charges exceed: _____
Last 4 Digits of Credit Card Number: _____ Exp: _____
Card Holder Name: _____
Billing Address (if different from above): _____
Card Holder Fax Number: _____ (*required to forward receipt*)

Equipment Decontamination:

Each instrument returned for service must be accompanied by a completed and signed EQUIPMENT DECONTAMINATION VERIFICATION to ensure each item is free of RADIOACTIVE, TOXIC or BIOHAZARD contamination.

Please choose one of the following:

- This equipment has not been used in a laboratory/location exposing it to biohazards or radioactive materials.
- This equipment was decontaminated* from biohazardous materials with: _____
*Example: Autoclave, 10% Bleach, Ethylene Oxide. Instruments must be decontaminated both externally and internally
- This equipment was decontaminated and tested* for radioactivity with: _____
*Example: wipe test with results (³H, ¹⁴C, (-emitters), Geiger counts, etc.

SIGNATURE: _____ DATE: _____
NAME (print): _____ PHONE: _____

Federal regulations require that all instruments sent for service shall be free of radioactivity and biohazards. The Technical Service group reserves the right to refuse to work on this equipment if these procedures are not performed.

A \$185.00 decontamination fee will be applied for any instrument returned without a signed Equipment Decontamination Verification Form.