

Eppendorf Canada Pipette Service Authorization Form

Note: All instruments must have a service number prior to shipment to a service center. To request your service number, please send an email to canadaservice@eppendorf.com or call us at 1-800-263-8715.

Service Number: _____

Company Name: _____ P.O. Number: _____

Contact Name: _____

Street Address: _____

Bldg: _____ Room: _____ City: _____ Province: _____ PC: _____

Phone: _____ Ext: _____ Email Address: _____

Service comments (Please use the space below to provide additional information regarding the service requested or to briefly describe any performance issues, if applicable):

Select a Service Type (Choose one – Required):

Standard Service

ISO/IEC 17025 Service

A2LA-accredited ISO 17025:2005 service with calibration and measurement capability uncertainty

Select Weighings (Required):

Preventative Maintenance (PM) service includes a full internal and external cleaning, adjustment and calibration (if needed), visual and functional inspection, and repair, complete with pipette label and certificate. Spare parts required for repair are additional.

Single-channel	8- or 12-channel	16- or 24-channel	Bottletop Dispenser
Enter quantity below			
_____	_____	_____	_____

As Found Data¹	3x4 – 3 volumes, 4 weighings each	_____	_____	_____	_____
	3x10 – 3 volumes, 10 weighings each	_____	_____	_____	_____
As Left Data¹ (including PM)	3x4 – 3 volumes, 4 weighings each	_____	_____	_____	_____
	3x10 – 3 volumes, 10 weighings each	_____	_____	_____	_____

¹As Found Data: collected prior to any PM or repairs being performed to verify function. As Left Data: collected after PM and/or repairs and adjustments have been made.

Select Calibration Frequency (Required):

3 months 6 months 12 months

Repair Only:

Check this box for repair service only. Labor charges will be billed in 15-minute increments at prevailing rates. Spare parts required for repair are additional.

Pre-Authorization for Repairs: \$ _____

Expedite your pipette service by pre-approving the total cost of repairs (parts and labor)

Billing Address (if different from above):

Contact Name: _____

Street Address: _____

Bldg: _____ Room: _____ City: _____ Province: _____ PC: _____

Phone: _____ Ext: _____ Email: _____

Ship your pipettes, Pipette Service Authorization form, and Decontamination form in a secure package by an insurable carrier to (include Service Number on address label):

Eppendorf Pipette Service, 2810 Argentia Rd, Unit 2, Mississauga, ON L5N 8L2