

Pipette Service and Calibration Request form (PSRF)

Date	Calibration type	Batch ID
Customer Address	Contact Person	Phone/Fax
	Department	Designation
	Email	Mobile

SL. No.	Model	Volume	Sl. No. Pipette/Unit	Equipment ID	Problem Observed	Accessories sent	Service type
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

If more than 10 units, please use another PSRF form

Customer work order details Date

Note:
 > The Procedure for calibration followed by Eppendorf calibration services is as per ISO 8655-6:2022
 > Please remember to send the TIPS (with Make & Lot number details) along with the pipettes. If TIPS are not provided, calibration will be performed using Eppendorf brand tips by default.

Nature of samples Pipette/Unit been used for:

*Radioactive samples	*Infectious samples
*Hazardous samples	*Is your pipette/unit decontaminated?

***Mandatory field (without this info, service will be kept on hold).**
 For the Pipette/Unit used for radioactive and infectious samples, customer should decontaminate

Despatch Instruction:

Customer place EIPL branch office
 Engineer / customer comments

Remarks

Should we report a Statement of Conformity?	Yes	No
If yes, select the acceptance criteria:	Manufacturer	Customer Specification
<i>Customer must provide acceptance criteria for above.</i>		
If none of the above criteria are selected, the MPE from ISO 8655-2:2022 (for pipettes) and ISO 8655-5:2022 (for dispensers) will be applied.		
Note ECS uses a simple acceptance decision rule: Results are conforming if within the specified acceptance limit. The rule will follow the acceptance criteria you provide	Validity of certificate (Maximum of One Year)	

Customer Signature _____

FOR LAB USE

E365 WO Reference	Pipette/Unit attended by	Date
Inventory No.	Problem Observed	Service Type