

CALIBRATION SERVICE REQUEST & DECONTAMINATION FORM – GMP

 Your Reliable Pipette and Balance Connection	Mail to: NOVAMED INC. 8136 N LAWDALE AVE SKOKIE, IL 60076 TEL: 1-800-354-6676, FAX:1-847-675-3322 www.novamed1.com	 ACCREDITED Calibration CERT #3053.01
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1. Company/Organization

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Contact Name Title and Department: _____
Phone: _____ Email: _____

2. Bill to Company/Organization

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Accounts Payables Contact: _____
Phone: _____ Email: _____

3. Calibration Compliance Standard* (Select the appropriate option)

☐ ISO 17025 Accredited

☐ ISO 8655 and ISO 17025 Accredited

* The statement of conformity for Pass/Fail does not include the measurement uncertainty in the decision rule (in accordance with industry best practices)

4. Calibration Plan (Review the criteria for each plan and choose the appropriate option)

	☐ GMP-2	☐ GMP-EX	☐ GMP-PLUS	☐ ISO-8655
As Found	2 x 4	3 x 4	3 x 4	3 x 10
As Calibrated	2 x 4	3 x 4	3 x 10	3 x 10

Example: 2 x 4 indicates, low/high volumes with 4 readings, 3 x 4 indicates, low/mid/high volumes with 4 readings

5. Calibration Tolerance (Select the appropriate option). Calibration is performed to the manufacturer's tolerance unless otherwise specified)

☐ Manufacturer

☐ ISO-8655

☐ Custom (provide the required tolerances)

6. Label Criteria (Choose all that apply)

☐ Affix Asset Numbers

☐ Affix Next Due

☐ No Labels

7. Calibration Frequency (Select the appropriate option). The next due date defaults to the end of the month based on the selected frequency.

☐ 3 Months

☐ 6 Months

☐ 12 Months

Or Pick a date: _____

8. Shipping (Charges apply)

☐ 1st Day

☐ 2nd Day

☐ Ground

☐ _____ (Use bill to account, prepaid by customer)

9. Calibration Items

Single Channel (Manual): _____

Single Channel (Electronic/Repeaters/Serological/Pipet- Aid etc.) _____

Multi-Channel-8 Pipettes _____

Multi-Channel-12 Pipettes: _____

Others: _____

Total: **0**

10. Instructions (Please provide any specific instructions you would like us to follow)

11. Decontamination Statement

I certify that all pipettes and other associated items being submitted for calibration have been decontaminated in accordance with the general laboratory safety protocols. The decontamination was performed using a 10% bleach solution, followed by a secondary rinse with 70% ethanol, isopropyl alcohol, or distilled/higher-grade water to ensure removal of residual bleach. All items are free of radioactive, biological, and other hazardous contamination prior to shipment.

☐ I acknowledge and agree

Signature: _____

Date: _____