

ORDER FORM – BASIC & CLIA CALIBRATION

 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. UNIVERSITY/HOSPITAL/CLIA LAB NAME

Name: _____
Address 1: _____
Address 2: _____
City: _____ State: _____ Zip Code: _____
Contact Name: _____ Title: _____
Department: _____ Building: _____
Room: _____ Mail Code: _____
Phone: _____ Email: _____

2. BILL TO UNIVERSITY/HOSPITAL/CLIA LAB NAME

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

3. METHOD OF PAYMENT

- a) PO# _____ (Invoice will be sent to bill to address)
b) ☐ Credit Card (call Novamed with credit card details or use the link sent to pay the invoice)

4. SERVICE

- ☐ On-site ☐ Mail-in (Skokie, IL)

5. CALIBRATION PLAN (Review the criteria for each plan and choose the appropriate option)

Universities and Research Institutions	Hospitals and CLIA/CAP Laboratories
☐ BASIC PLAN	☐ CLIA-3 PLAN (calibration & verification at low/mid/high volumes)
☒ Calibration Frequency - 12 Months	Calibration Frequency ☐ 6 months ☐ 12 months ☐ Pick a date _____
☒ No Certificate issued	☒ A CLIA compliance certificate is issued listing all instruments with asset id(s), mean, sd(cv%), and tolerances
All plans include: Service & Calibration: The pipette is cleaned inside and out, and all components including shaft, ejector, micrometer, plunger, friction ring, and piston are inspected. The piston is cleaned, lubricated, and any worn seals or O-rings are replaced. After reassembly, the instrument is checked for smooth operation and correct volume adjustment, and performance is confirmed by gravimetric calibration.	
☒ Gravimetric calibration to ISO 8655 Tolerances ☒ Asset numbers affixed ☒ Cal dates affixed (mm/yy)	

6. SHIPPING (charges apply)

☐ 1st Day ☐ 2nd Day ☐ Ground ☐ _____ (Use bill to account, prepaid by customer)

7. CALIBRATION ITEMS

Single Channel (Manual): _____
Single Channel (Electronic/Repeaters/Serological/Pipet- Aid etc.): _____
Multi-Channel-8 Pipettes: _____
Multi-Channel -12channel Pipettes: _____
Other: _____
Total: **0**

Repair approval, if any:

- ☐ Repairs/parts under \$75.00 are pre-approved
☐ Approval required for repairs/parts over \$75.00

8. INSTRUCTIONS (Please provide any specific instructions you would like us to follow)

9. 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: _____