

PIPETTE REPAIR/CALIBRATION FORM

Brand

Model

Serial number (if applicable)

ISU tag number (if applicable)

Calibration Only

Repair and Calibration

Description of Repairs Needed :

Date _____

Account number _____
(if using grant)

Fiscal Agent _____
(if using grant)

Requestor Name _____

BSC # _____ **Phone number** _____
(if applicable)