

**EUROPEAN INSTRUMENTS**  
**UKAS PIPETTE CALIBRATION APPLICATION FORM UPIP\_051**

SUBMITTER : Address to appear on certificate	CLIENT : If different from submitter.
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Pipette Type & Serial number(s):

**PLEASE READ & ACCEPT**

**Method:** The calibration will be carried out by aspirating the indicated volume and expelling it down the inside of a weighing vessel that has previously been tared on the balance.  
 The calibration medium will be purified water generated using reverse osmosis.  
 The pipette(s) container will have a calibration label affixed to it without the recalibration period stated.  
 There will be an additional charge to adjust your pipette(s) .  
 There will be an additional charge to carry out pre and post adjustment calibration .  
 We reserve the right not to admit soiled pipettes into our laboratory .  
 We will issue a UKAS certificate and detail the Uncertainty of Measurement.

**PLEASE INCLUDE THE RELEVANT TIPS WITH YOUR PIPETTE(S)**

PLEASE ADJUST MY PIPETTE(S) WITHIN AN AGREED TOLERANCE YES / NO

TOLERANCE REQUIRED:

PLEASE CONTACT ME PRIOR TO CARRYING OUT ANY OF THE ABOVE YES / NO

**I CONFIRM THAT I HAVE READ AND AGREE WITH THESE CONTRACT TERMS.**  
**I CONFIRM THAT THE ABOVE PIPETTE(S) HAVE BEEN DECONTAMINATED AND ARE SAFE TO HANDLE / DISMANTLE.**

Signature: Name :  
 Date:

MY ORDER NUMBER IS : Cost: + p&p and VAT

I understand that your payment terms are 30 days from the date of invoice.

Tel Number : Fax :

**INTERNAL USE ONLY**

Client Discussions:

Observations :

STATUS CHECK

	In Log	Identified	Into Lab	Calibrated	To Admin
Initials					
Date					

CALIBRATOR :