



# PIPETTE SERVICE

## Order Request Form

### CONTACT DETAILS

Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Department: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Fax: \_\_\_\_\_  
Order number: \_\_\_\_\_ Date: \_\_\_\_\_

### SERVICE DETAILS

Pipette Brand + Type	Serial Number	Remarks/Problem (if applicable)	As-found Calibration Level (if applicable)	Calibration Level
e.g. Gilson Pipetman	e.g. BH7654	e.g. Counter is broken down	e.g. 5@1	e.g. 10@3

### CALIBRATION IN ACCORDANCE WITH:

- Manufacturer's specification  
 ISO 8655 specification (Maximum permissible errors)  
 User defined specification:

### RE-CALIBRATION FREQUENCY:

- 3 months    6 months    12 months    Other:

### REMARKS:

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Name: \_\_\_\_\_

Signature: \_\_\_\_\_

# PIPETTE SERVICE

## Calibration Level

### Calibration Level Description

#### **5@1 Performance Check (mid-range)**

This consists checking your pipettes by means of 5 measurements at mid-volume. A report is printed out detailing the inaccuracy and imprecision for your pipette. This is a good basic performance check for your pipettes and can be used for laboratories working to GLP.

Most pipettes have good linearity across their working range and so checking them at the mid-point can be a good indicator as to the pipettes performance across its working range, although no guarantee can be given as to its performance at its minimum and maximum volumes.

This calibration level is suitable for an 'as-found calibration', to check pipettes prior to service and calibration to establish how the state of the pipette was.

#### **5@2 Basic Calibration (min and max range)**

This consists of checking your pipettes at its minimum and maximum volumes with 5 measurements taken at each volume. A report is printed out detailing the inaccuracy and imprecision for each volume range tested for the pipette.

This is a basic calibration, it assures you that the pipette has been tested, not only for inaccuracy and imprecision but for linearity also.

By taking 5 readings, a reasonable level of confidence can be offered. This can be used for GLP and as an entry-level calibration for GMP.

#### **5@3 Enhanced Calibration (min, mid and max range)**

This consists of checking your pipettes at its minimum, middle and maximum volumes with 5 measurements taken at each volume. A report is printed out detailing the inaccuracy and imprecision for each volume range tested for the pipette.

This enhanced calibration level ensures that the pipette has linearity throughout its working range, including its mid-volume.

This may be suitable for GMP where a higher level of confidence is required.

#### **10@3 ISO8655 Level Calibration (min, mid and max range)**

This consists of checking your pipettes at its minimum, middle and maximum volumes with 10 measurements taken at each volume. A report is printed out detailing the inaccuracy and imprecision for each volume range tested for the pipette.

This enhanced calibration level ensures that the pipette has linearity throughout its working range, including its mid-volume. 10 readings at each volume ensure a much higher level of confidence. ISO8655 specifies this level of calibration.



<h1 style="margin: 0;">PIPETTE SERVICE</h1> <h2 style="margin: 0;">Decontamination report</h2>
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**CONTACT DETAILS**

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Company: _____	Contact: _____
Department: _____	Email: _____
Address: _____	Phone: _____
_____	Fax: _____
Order number: _____	Date: _____

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**PIPETTE DETAILS**

Pipette Brand + Type	Serial Number	Please state with which potentially hazardous substances the pipettes have been used or may have been exposed <small>(This includes any blood or serums, body fluids, pathological specimens, carcinogens, toxins, hazardous chemicals or radioactive substances)</small>	Method of sterilization <small>(Biocide, Manual Cleaning, Autoclave, Irradiation, No Sterilization required, other)</small>
e.g. Gilson Pipetman	e.g. BH7654	e.g. Pipette has been exposed to blood	e.g. Autoclave

**REMARKS:**

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**I certify that the pipette(s) listed are free from any contamination (any radioactive, bio-hazardous, pathological or otherwise dangerous substances) and are safe from human handling.**

Name: _____	Position: _____
Signature: _____	Date: _____