



PIPETTE CALIBRATION WORK ORDER

This form should accompany your pipette(s) when sending them to Massachusetts Metrology for calibration.

Request Date: ____/____/____

*** Required By Date:** ____/____/____

Company Name: _____

Company Contact: _____

Billing Address: _____

Email Address: _____

Phone: _____

Fax: _____

**Expedited Service must be scheduled in advance with our Customer Service Department*

Shipping Requirements

Shipping Address:

Massachusetts Metrology and Instrument Service
One Liberty Square
Rockland, MA 02370
Phone: (781) 982-7125
Fax: (781) 982-7152

Return Shipping Information:

Company Name: _____
Contact: _____
Address: _____

Department: _____
Building/Lab Number: _____

Return Shipping Instructions: Ground Overnight 2nd Day Other: _____

Return Shipping Insured Value: _____

Massachusetts Metrology’s primary shipping carrier is United Parcel Service.

Documentation Requirements

All Pipette Calibration Certificates include “As Found” and “As Left” data, are NIST traceable and A2LA ISO/IEC 17025-2005 Accredited.

Name on Certificate (if different from above): _____

Address on Certificate (if different from above): _____

Special Instructions and/or Method Requirements (if any)

If there are any special instructions, calibration methods, test points, tolerances or tip requirements, please specify them below. Unless otherwise specified, a high quality tip will be provided by MMIS for calibration.

Pricing

All adjustable pipette prices include 3 test volumes.

	Level 1	Level 2	Level 3	Level 4
1 Ch. Fixed	\$53.00	\$39.50	\$38.50	\$35.50
1 Ch. Adjustable	\$58.00	\$44.50	\$42.50	\$40.50

All price levels outlined include a certificate and ISO/IEC 17025-2005 Accredited calibration.

Level 1 – 10 samples As Found & As Left
Level 2 – 4 samples As Found & 10 As Left
Level 3 – 4 samples As Found & As Left
Level 4 – 4 samples As Left Only

Multi-channel Pipette, Dispenser, Repeater & Dilutor calibration is available
– Contact us for pricing.

Payment Method

Payment Method: Established Account COD AMEX Master Card VISA

PO Number: _____ **Dollar Amount (excluding shipping charges):** _____

Credit Card Number: _____ **Exp. Date:** ____/____/____

Name on Credit Card (including organization): _____

Credit Card Billing Address Zip Code: _____

Statement of Decontamination

Customer Decontamination of Pipettes is Required

(Please do not submerge pipettes in cleaning solutions, as this will cause damage)

Please specify method(s) and solution(s) used in the decontamination of your pipette(s) prior to shipping to us:

If an internal documented decontamination procedure exists within your company, please provide us a copy.

By signing below, I declare the pipette(s) associated with this “Pipette Calibration Work Order” and any attachments have been decontaminated from biohazardous, chemical and radioactive materials using the above method(s) and solution(s) and are safe for human handling.

Signature: _____ **Title:** _____ **Date:** ____/____/____

(R2)

Pipette(s) Description

	<u>Manufacturer</u>	<u>Nominal Volume</u> (Max. Volume)	<u>ID #</u>	<u>Cal. Level</u> (1 - 4)	<u>*Tolerance</u>	<u>Cal. Frequency</u>	<u>Cost</u>
1	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
2	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
3	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
4	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
5	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
6	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
7	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
8	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
9	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
10	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
11	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
12	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
13	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
14	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
15	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
16	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
17	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
18	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
19	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
20	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
21	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
22	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
23	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
24	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
25	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____

*If client tolerance is selected above, please specify your accuracy and precision tolerance requirements on page 2 within the “Special Instructions and/or Method Requirements” section of this Pipette Work Order.

**Massachusetts Metrology Provides Nationwide ISO/IEC 17025-2005 Accredited Calibration.
On-Site Service Available Throughout New England and its Borders.**

Our Additional Calibration Disciplines Include:

- Electrical
- Mechanical
- Gas Flow
- Temperature
- Pressure and Vacuum
- Dimensional
- Humidity
- Chemical
- Time and Frequency

Please visit our website at www.mametrology.com for a complete outline of our calibration capabilities.

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26	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
27	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
28	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
29	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
30	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
31	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
32	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
33	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
34	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
35	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
36	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
37	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
38	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
39	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
40	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
41	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
42	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
43	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
44	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
45	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
46	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
47	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
48	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
49	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____
50	_____	_____	_____	_____	<input type="checkbox"/> Mfg. <input type="checkbox"/> Client	_____	_____

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