



**For Internal Use Only**

Invoice #: \_\_\_\_\_  
Technician: \_\_\_\_\_  
Date Delivered: \_\_\_\_\_  
Total # of Pipettes: \_\_\_\_\_  
Radiation Test: \_\_\_\_\_

**1-877-9PIPETTE**

**Statement of Decontamination**

Contact Name (please print): \_\_\_\_\_

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

Company/University: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Lab Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please complete the following questionnaire about your pipettes.**

1. Have your pipettes been exposed (externally or internally) to any of the following:
  - a. Blood
  - b. Bodily Fluids
  - c. Hazardous chemicals or substances
  - d. Radioactive substances
  - e. Other potential hazards

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

2. Please describe your method of decontaminating the pipettes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Other precautions that we should take when handling these pipettes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The information that I have stated above is true and complete to the best of my knowledge.

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

**Please include this form, completed, with your pipettes.  
Thank you!**