



1-877-9PIPETTE

<p><u>For Internal Use Only</u></p> <p>Invoice #: _____</p> <p>Technician: _____</p> <p>Date Delivered: _____</p> <p>Total # of Pipettes: _____</p> <p>Radiation Test: _____</p>

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!**