

	PZ HTL S.A. 03-230 Warsaw; Daniszewska 4; tel. +48 22 492 19 00; fax: +48 22 492 19 93 e-mail: HTL.service@corning.com	Page: 1 / ...
	Service order no.:	Date:

CALIBRATION ORDER FORM		Date:
Bill to (Company name, address):		Customer data for certificate (Company name, address):
Contact person (Name, phone no., e-mail.):		
Ship to:		By courier (Shipping to customer):
Calibration facility: <input checked="" type="checkbox"/> PZ HTL S.A. Calibration Laboratory Calibration order for: <input type="checkbox"/> new HTL pipette <input type="checkbox"/> customer pipette		Completion date (Laboratory): <input type="checkbox"/> 10 working days from reception <input type="checkbox"/> other date agreed :

List of items:

Item	Pipette specification (piston operated instrument)		Service levels / Calibration method		
	Brand / Pipette name or Cat. number / Symbol or Volume	Serial no. (customer pipette)	results	volumes	notes
1.			<input type="checkbox"/> 10 x 3	<input type="checkbox"/> 4 x 3	<input type="checkbox"/> Other* :
2.			<input type="checkbox"/> 10 x 3	<input type="checkbox"/> 4 x 3	<input type="checkbox"/> Other* :
3.			<input type="checkbox"/> 10 x 3	<input type="checkbox"/> 4 x 3	<input type="checkbox"/> Other* :
4.			<input type="checkbox"/> 10 x 3	<input type="checkbox"/> 4 x 3	<input type="checkbox"/> Other* :

* technical capability for specific test to be verified with Laboratory Manager

Customer suggestions / provided accessory (e.g. tips):	Customer signature: <small>(company stamp, date, name and signature)</small>
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Customer confirms acknowledgement of the general conditions of service, available on website www.htl.pl

Order verified by (Service): Name, date and signature	Order approved by (Laboratory): Name, date and signature
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	Service order no.:		Date:

<h1>CALIBRATION ORDER FORM</h1>	Date:
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List of items – continued from page one (for more items duplicate this page only):

Item	Pipette specification (<i>piston operated instrument</i>)		Service levels / Calibration method		
	Brand / Pipette name or cat. Number / Symbol or Volume	Serial no. (customer pipette)	results	volumes	notes
5.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
6.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
7.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
8.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
9.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
10.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
11.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
12.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
13.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
14.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
15.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
16.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
17.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
18.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
19.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		
20.			<input type="checkbox"/> 10 x 3		
			<input type="checkbox"/> 4 x 3		
			<input type="checkbox"/> Other* :		

Customer signature & date