

1. Laboratory Information

Laboratory Name

Department

Principal Investigator (PI)

Building

Room / Lab Number(s)

Site Address

2. Contact Information

Primary Contact Name

Title / Position

Phone Number

Email Address

Alternate Contact Name (Optional)

Alternate Contact Email / Phone (Optional)

3. Equipment Estimate

About how many pipettes would you like calibrated?

An approximate quantity is all that is needed for scheduling and quoting purposes.

Approx. Pipettes

Equipment Inventory (Optional)

Single Channel Pipettes

Multi-Channel Pipettes

Analytical Balances

4. Service Type

☐ Basic / Standard Calibration

Pass / Fail pricing

☐ Calibration with Certificates

Flat rate pricing

5. Service Location

☐ On-Site Service

☐ Mail-In Service

Expected Ship Date, if Mail-In

6. Calibration History

Last Calibration Date

Desired Service Date

Calibration Frequency

☐ Annual

☐ Semi-Annual

☐ Quarterly

☐ Other

If Other

7. Additional Comments

8. Authorization

Requested By

Date

Form Submission

Please save this completed PDF and email it to info@accutechcalibrations.com for scheduling and quotation purposes.

An approximate equipment quantity is sufficient. Final quantities can be confirmed prior to service.

Once received, an Accutech representative will contact you regarding scheduling and service options.