

## PIPETTE SERVICE DECONTAMINATION DECLARATION FORM

To be completed prior to the servicing of pipettes with Alpha Lab Service

**IMPORTANT – PLEASE READ BEFORE COMPLETING THIS FORM**

Alpha Laboratories is not able to Service any pipettes that have been used in a Category 3 or Category 4 Containment Laboratory, as these can pose a potential threat to the health of our employees.

Title:		First Name:		Surname:	
Email:					
Department:					
Company/Institute:					
Telephone :					
Address:					

Pipettes to be Serviced:

Make/Model (Brand / No. of Channels / Manual or Electronic)	Quantity	Make/Model (Brand / No. of Channels / Manual or Electronic)	Quantity



I can confirm this equipment has not been used in a Category 3 or Category 4 Containment Laboratory.

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

Has this equipment been exposed to contamination? Yes\*  No

\*State type of contamination: blood, body fluids, respired gases, pathological samples, chemicals (including cytotoxic drugs), radioactive material and any other hazard:

Has this equipment been decontaminated? Yes<sup>†</sup>  No

<sup>†</sup>What method of decontamination has been used? Please provide details:

Cleaning: \_\_\_\_\_

Disinfection: \_\_\_\_\_

Sterilisation: \_\_\_\_\_

*Note: Filters in the tip cone of pipettes should be removed and discarded before decontamination.*

**Contaminated items should not be returned without prior authorisation from Alpha Laboratories Ltd**

I declare that the information provided is correct and this equipment has been prepared to ensure safe handling and transportation in accordance with MHRA Managing Medical Devices Guidance April 2015.

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

Name (printed): \_\_\_\_\_

Position: \_\_\_\_\_ Tel: \_\_\_\_\_

Please affix this declaration in an envelope to the outside of the shipping container.

