

Decontamination Certificate For VISTALAB PIPETTES Only

Name:					
Organisation:			Department:		
Delivery Address:					
Suburb:		State:		Postcode:	
Tel No.		E-Mail:			

Brand:		Model:			
Serial Number:		Payment Method:	VISA: <input type="checkbox"/>	MasterCard: <input type="checkbox"/>	Purchase Order: <input type="checkbox"/>

Please detail the nature of the repairs to be undertaken.

Please print the Decontamination Certificate and include it with the unit.

DECLARATION

I certify that the unit has been carefully cleaned and decontaminated from all substances or the unit hasn't been exposed to any hazardous substances. Therefore I certify this unit is safe for Interpath employees to handle.

Name: _____ **Position:** _____
Signature: _____ **Date:** _____

**Attn: Service Department
 Interpath Services
 15 Fillo Drive
 SOMERTON VIC 3062**