

Pre-Clinic Checklist

In order for your assigned technician(s) to perform your service efficiently, the following checklist needs to be completed. Upon completion please return to pipetteservice.mtuk@mt.com

Please ensure a steady flow of pipettes across the full length of the clinic.

Pipette Type for Onsite Service	Quantity	Manufacturer
Single Channel Variable Volume Pipettes ($\geq 20\mu\text{l}$)		
Single Channel Variable Volume Pipettes ($\leq 10\mu\text{l}$)		
Single Channel Fixed Volume Pipettes ($\geq 20\mu\text{l}$)		
Single Channel Fixed Volume Pipettes ($\leq 10\mu\text{l}$)		
Multichannel Pipettes ($\geq 50\mu\text{l}$)		
Multichannel Pipettes ($\leq 50\mu\text{l}$)		
Bottle Top Dispensers		
Dispenser/Repeater Pipettes - please state tip size and test volume below		
Pipettes to be returned to Pipette Service Centre (if applicable).		

General Clinic Requirements	Please tick boxes below where relevant
Internet access (WiFi or Hardwire)	<input type="checkbox"/>
2 meter vibration free workbench per technician	<input type="checkbox"/>
Suitable chair/lab stool available	<input type="checkbox"/>
Leg room under work bench so the technician(s) can sit facing forwards	<input type="checkbox"/>
Stable or temperature controlled environment 15-30°C stable to $\pm 1^\circ\text{C/hr}$	<input type="checkbox"/>
Stable humidity between 45% and 80% relative humidity	<input type="checkbox"/>
Accessible power supply	<input type="checkbox"/>
Site induction required	<input type="checkbox"/>
Photographic ID required for site access	<input type="checkbox"/>
Parking available	<input type="checkbox"/>
Parking location & any costs? Please provide details:	
Additional site requirements:	

Please supply the tips that are to be used during the calibration.

Type of tips to be used	Manufacturers' or Equivalent	Customer's

If the site contact on the day is different to the clinic confirmation, please state name and contact number:

Name Contact No.

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Invoicing Requirements	Please tick boxes below where relevant
Consolidated invoice	<input type="checkbox"/>
Invoicing by cost centre/group	<input type="checkbox"/>
VAT Exempt (please supply details)	<input type="checkbox"/>
Other (please specify)	

PPE Requirements	Please tick boxes below where relevant
Lab coat	<input type="checkbox"/>
Safety specs	<input type="checkbox"/>
Gloves	<input type="checkbox"/>
Safety shoes	<input type="checkbox"/>
Other (please specify)	

Calibration certificate and pipette stickers	Please tick	
Do you require the due date on your calibration sticker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Electronic calibration certificates will be issued unless you request a paper version. Tick for paper certificate

If yes, please state interval Interval
and date format eg 3 months,dd/mm/yy Format

UKAS/ISO 17025 calibration Manufacturer's specification Electronic calibration certificate(s)

Important: The information contained within this document will be used to deliver the service clinic. Failure to complete the form may result in a delay to your clinic.

If environmental conditions alter drastically and fall outside the ranges above, work may need to stop resulting in a delay in the clinic. Any delay could result in pipettes being sent to our Service Centre for the completion of the clinic. Any additional pipettes from the numbers agreed above may need to be sent into our Service Centre. All work on site to be carried out in accordance with section on ISO 8655:7 and in conjunction with METTLER TOLEDO's SOP's. If service work is required to ISO8665:6 this will need to be delivered to our Service Centre.



Printed Name	Signature	Date
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