

Please ship in a secure package by FedEx, UPS or other insurable means to:
Carter BloodCare
Attention: Reference and Transfusion Services
2205 Hwy 121
Bedford, TX 76021
Please call 817-412-5740 for order status

PIPETTE CALIBRATION REQUISITION AND RECEIPT

Company / Institution: _____

Contact Name: _____ Date: _____

Phone Number

Fax Number

Email Address

Billing Address:

Shipping Address if different from Billing:

Institution

Institution

Address

Address

City

State

Zip

City

State

Zip

FedEx account number: _____ If FedEx account number is not supplied for shipping back to the facility, a return shipment fee will be charged per shipment.

Select Next Due Date: 3 Months 6 Months Annual Other

Pipette Manufacturer/ Model	Pipette ID	Pipette Volume	Received Condition (Completed by Carter BloodCare)		
			Intact/ Assembled	Damaged/ Disassembled	Requisition & Equipment Match

Comments:

Pipette Receipt Notification – Completed By Carter BloodCare

Package Inspection Acceptable?	Yes	No	Pipette(s) Received and Faxed By		Date:	
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Reviewed By: _____ Date: _____