

TRADE-IN DECONTAMINATION FORM



ErgoOne®

ErgoOne® FAST

This form must accompany all instruments, and the Declaration of Decontamination must be signed; USA Scientific will not accept any returns without this information. It is the responsibility of the sender to remove all substances that are dangerous to human health and to choose the appropriate method of decontamination based upon the substances used with each item.

Company / Organization: _____

Contact: _____

Address: _____

Bldg/Rm: _____

Phone: _____

Email: _____

New ErgoOne Proof of Purchase / Invoice #: _____

Pipette Brand	Serial No.	Model	No. of Channels

Decontamination Information:

Please list what materials were used with each pipette listed above: _____

Decontamination procedure performed: _____

Authorization: I certify that the unit(s) identified above has been totally decontaminated of all chemical, biological and/or radioactive materials PRIOR to shipment.

Printed Name of Company Representative Title

Signature Date

**Questions or concerns?
Contact Technical Support:
Email: techsupport@usascientific.com
Phone: 800.522.8477**

Please return decontaminated pipettes with this completed form and proof of new pipette purchase (invoice or packing slip) to the address below:
**CalibrationOne
USA Scientific, Inc
346 SW 57Th Ave
Ocala, FL 34474**