**Decontamination certificate for returned goods**

**Be absolutely certain to include with all returns of pipettes, dispensing tools, devices and assemblies!**

The completely filled out decontamination declaration is the prerequisite for the acceptance and further processing of the return. If the return does not include a corresponding declaration, we will carry out decontamination and charge it to you.

# Please fill out in block letters:

**First name, last name:**

**Organization / Company:**

**Street:**

**ZIP: City:**

**Telephone: Fax:**

**E-mail:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Pos** | **Quantity** | **Decontaminated object** | **Serial number** | **Description and comment** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| **Did the listed parts come into contact with the following materials?** |  |
| Health-damaging liquid solutions, buffers, acids and alkalis: .........................................................................  | [ ]  Yes | [ ]  No |
| Potentially infectious agents: .......................................................................................................................... | [ ]  Yes | [ ]  No |
| Organic reagents and solvents: ...................................................................................................................... | [ ]  Yes | [ ]  No |
| Radioactive substances ......................................................................................... Radiation: [ ]   [ ]   | [ ]   | [ ]  No |
| Health-damaging proteins .............................................................................................................................. | [ ]  Yes | [ ]  No |
| DNA ............................................................................................................................................................... | [ ]  Yes | [ ]  No |
| Did these materials find their way into the device/pipette?.............................................................................. | [ ]  Yes | [ ]  No |
|  |  |  |
| **Description of the measures for decontamination of the listed parts:** |  |  |

**I confirm that proper decontamination was carried out.**

Signature of the authorized person, place and date: