FAX BACK TO: +49 (0)5152 - 902290





CERTIFICATE OF DECONTAMINATION

Use one form per measurment instrument / system or one form per PCR thermal cycler

This document must be completed in full and signed by the customer (a) before returning an instrument or part(s) (hereafter referred to as instrument) to CYCLERtest BV, and (b) prior to any on-site calibration be performed by CYCLERtest BV.

The form should be signed off and attached to the outside of the box in a "shipping docs" bag. European customers should fax the form to CYCLERtest BV and enclose a copy in the shipping box.

The form should be signed off and attached to the thermal cycler prior to any on-site calibration / validation of the thermal cycler

Please note that CYCLERtest BV cannot accept any instruments that may be contaminated with viable biological agents

Please note that CYCLERtest BV cannot accept any instrumentation that may be contaminated with viable biological agents, harmful quantities of hazardous chemicals, or radioactive materials

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Instrument (model, type or description)		Serial number	
Biological Agents Has this instrument been exposed to viable	e biological agents?	YES□	NO □
If YES, please state the viable biological a	gent(s), their Hazard Group(s) ar	nd Biosafety Level/Category	of Containment:
If YES, please describe the procedure use	ed to decontaminate the instrume	nt:	
Radioactive Materials Has this instrument been exposed to radio	pactive materials?	YES□	NO □
If YES, please indentify the radioactive iso	120 12	NO L	
If YES, please describe the procedure use		nt:	
If YES, are the radioactivity survey results at or below background level?		YES ☐ (Attach the results	NO to this form)
		(Attach the results	to this form)
3. Hazardous Materials Has this instrument been exposed to chemicals that are very toxic, (in quantities harmful to human contact), carcinogenic, mutagenic, toxic for reproduction, sensitizing, and/or which have not yet been full tested?		YES □ d?	NO □
If YES, please identify the hazardous cher	micals:		
If YES, please describe the procedures us	ed to decontaminate the instrum	ent:	
Name:	Title:		
Company:	Phone:		
Signature:	Date:		

The customer understands and agrees that decontamination is critical to issues of health and safety and that thoroughly completing this certificate is essential. Customer represents and warrants to CYCLERtest BV that it performed all decontamination prodedures as described in this Certificate and completed this Certificate accurately, truthfully and in full. Customer hereby assumes all responsibility and liability for and shall defend and indemnify CYCLERtest BV against injury or damage whatever kind incurred by CYCLERtest BV, its employees, contractors, and/or agents that result directly or indirectly from Customer's breach of this representation and warranty. The customer accepts that CYCLERtest BV has no obligation to repair, service, calibrate or transport any instrumentation if this Certificate is not completed in full.