**Distel Laboratory Disinfectant**

**PRODUCT APPLICATION FOR THE DECONTAMINATION OF PIPETTES**

The following are recommended decontamination procedures for all models. Please note that these instructions are intended as a GUIDE ONLY and all pipettes requiring decontamination must be decontaminated according to a) your institution’s own guidelines and b) the type of contaminant present.

All pipettes for servicing must be accompanied by a completed Decontamination Declaration (see over) stating that the pipette is safe for us to work on, irrespective of whether the pipette required decontamination or not.

**General daily cleaning / decontamination**
- 1:100 dilution is generally recommended, 1:10 if the pipette has been in contact with blood or other biohazards
- Spray or wipe handle and shaft (insuring the tip ejector button and volumeter are also cleaned)
- Leave for a minimum contact time of 10 minutes

**Complete decontamination**
- 1:100 dilution is generally recommended, 1:10 if the pipette has been in contact with blood or other biohazards
- Use a container that is deep enough to immerse the parts completely. **(NOTE: Electronic pipettes must not be submerged in any liquids)**
- Dismantle the pipette (as specified by the manufacturer) and place only parts that can be immersed, eg tip holder, piston, tip ejector etc completely into the solution for 30 minutes
- Remove parts and rinse with de-mineralised water
- Lie on a lint-free cloth and place in a dry oven at 60°C for at least one hour or until dry. Alternatively, place on the bench on a lint-free cloth and air dry for approximately 4 hours
- Reassemble the pipette following the manufacturer’s instructions.
- If complete decontamination is required prior to servicing, please ensure all parts are completely dry before reassembly and presenting for servicing!

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### Product Catalogue

**Concentrate**

- **1 Litre Self-Dosing Bottle**
  - Clear, Unfragranced
  - 100% conc.
  - TM305-C
  - 6 bottles
  - TM305
  - 2 bottles

- **5 Litre Pump Container**
  - Clear, Unfragranced
  - 100%
  - TM309-C
  - 3 bottles
  - TM309
  - 1 bottle

- **5 Litre Pump Container**
  - Blue, Eucalyptus
  - 100%
  - TM308-C
  - 3 bottles
  - TM308
  - 1 bottle

**Spray**

- **500ml Trigger Bottle**
  - Clear, Unfragranced
  - 1:10
  - TM328-C
  - 6 bottles
  - TM328
  - 1 bottle

**Cloth Wipes**

- **Dispensing Drum of 100 Wipes**
  - Clear, Unfragranced
  - 1:10
  - TM353-C
  - 12 drums
  - TM353
  - 1 drum

**Pump**

- **Reusable Pump**
  - for use with 5L container
  - TM353-C
  - 1 drum
  - TR021
  - each
PIPETTE DECONTAMINATION DECLARATION

Company:  
Contact:  
Address:  
Department:  
Group Name:  
Tel:  
Mobile:  
Email:  

(Purchase Order No. must be provided)  
PURCHASE ORDER No.  
Grant No.  

Quote No.  
Vat Exempt? Yes ☐ if YES, incl. Cert.  
No ☐  

Service Level  
Tick ONE box only: A separate form must be used for each Service Level  
QuickCal ☐  
1-STAR ☐  
2-STAR ☐  
3-STAR ☐  
1-STAR no ext. clean ☐  
2-STAR no ext. clean ☐  
3-STAR no ext. clean ☐  

Do you require a due date on your calibration sticker?  
Yes ☐ If Yes, specify duration: _____ months  
No ☐  

Note: If no duration is specified we will put a duration of 6 months on the label  

Make / Model of Pipettes to be Serviced  
Qty  
Make / Model of Pipettes to be Serviced  
Qty  

A  Did the pipettes listed require decontamination?  
Yes ☐ No ☐ If No, go to B  
Nature of contaminant:  

Method of decontamination:  

Note: Pipettes must be completely dry when presented for servicing  
Decontaminated by:  
Date:  

B  Are any special precautions required when handling the pipettes?  If yes, please specify:  

Spare Parts (please tick ONE only)  
☐ I authorise that any spare parts required to bring this/these pipette into calibration may be replaced and I understand that these will be detailed on the invoice, OR  
☐ Contact me before proceeding with any service (excl. cost of seals, o-rings, tip holders) amount to £25 or over for any pipette  

Note: A £15 pound investigation charge may be applied for pipettes found to be unrepairable or uneconomical to repair.  

I confirm that the information on this form is accurate and the pipettes detailed are safe to handle  
Name:  
Signed:  
Position:  
Date:  

Once completed, please sign and hand in this form with your pipettes for servicing.  
Note that no pipettes can be serviced without a Purchase Order No. or a completed and signed Declaration.