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.

GENERAL DAILY CLEANING/DECONTAMINATION

- 1:100 dilution is generally recommended,
 1:10 if the pipette has been in contact with blood or other biohazard
- 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



	Concentrate		Spray	Pump
1 Litre Self-Dosing Bottle Clear, Unfragranced 100% conc.	5 Litre Pump Container Clear, Unfragranced 100%	5 Litre Pump Container Blue, Eucalyptus100%	500 ml Trigger Bottle Clear, Unfragranced 1:10	Reusable Pump for use with 5L Container
TM305-C	TM309-C	TM308-C	TM328-C	N/A
6 bottles	3 bottles	3 bottles	6 bottles	
TM305	TM309	TM308	TM328	TR021
2 bottle	1 bottle	1 bottle	1 bottle	each

COMPLETE DECONTAMINATION

Pipettes requiring full decontamination can be dismantled and cleaned:

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

NOTE: 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.





Device decontamination declaration.

NOTE THAT NO DEVICE CAN BE SERVICED/CALIBRATED WITHOUT A COMPLETED AND SIGNED DECLARATION

Company name & address	Contact	name	e		٦	[el
	Departm	ent			1	Mobile
	Contact email					
	PO No.			Quote No.		
	VAT exer	npt?	Yes	No	If "Yes"	please attach certificate
Post Code	Account	No.			(Grant No.
Upgrade to a FastTrack mail-in service? FastTrack guarantees a 48hr turnaround from date of receipt	Yes	No				itional charge of £5 per single channel for this service.
Pipette Service level (select 1 level per form only)	Quick Cal		1-STAR	2-STAR	3-STAR	Ext Clean? Yes No
Pipette Calibration level (select 1 level per form only)	As Found ¹	Prior	to Service	Se	ervice & Cal	As Found ¹ , Service & Cal
Balance Calibration level (select 1 level per form only)	N/A		As Four	nd 5 Point Calil	oration	As Found 10 Point Calibration
Do you require due dates on Calibration Stickers?	Yes	No	If "Ye	s" please spec	ify duration:	months

¹ As Found Calibration will allow you to identify if your pipette is within specification before any service or adjustment validating your previous work.

Make or model of device	Qty	Make or model of device	Qty

Α	Did the device(s) listed require decontamination?	Yes	No	If "No" go to B
	Nature of contaminant			
	Method of contaminant			
	Decontaminated by	Name		Date
в	Are any special handling precautions required?	Yes	No	If "Yes" please specify below

	I authorize that any spare part(s) required may be replaced. These will be detailed on the invoice. OR
Spare parts (select 1 option only)	I authorize that any spare part(s) to max £30 per device may be replaced (excluding cost of seal, o-ring and tip holder).

NOTE: A £15 charge may be applied for pipettes found to be unrepairable or uneconomical to repair due to the time taken to investigate.

I CONFIRM THAT THE INFORMATION GIVEN ABOVE IS ACCURATE AND THE DEVICE(S) DETAILED ARE SAFE TO WORK ON.

Name Position

Signed

Date



