



NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE

(NaLECC)

MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

Plot 1166 Mohammed N. Umar Lane, Durumi Phase II Garki, Abuja

Email: info-nlecc@mlscn.gov.ng

Phone: 09067992199



Document No: NLECC/LTP/029/F01 Ver 01

WORK ORDER AND DECONTAMINATION FORM

Name of Organization:		Application Date:	
Organization Address :			
Organization Phone Contact:		Remita No:	
Contact Person Name:		Phone No:	
Email Address:		Signature:	

The NLECC General Terms and Conditions of Services shall apply to all calibration work orders. PAYMENT IS DUE UPON RECEIPT OF WORK ORDER AND ITEMS.

For mail-in services, send your items in a secure package with this form to the calibration Center below: **National Laboratory Equipment Calibration Centre (NaLECC), Medical Laboratory Science Council of Nigeria headquarters, Plot 1166 Mohammed N. Umar Lane, Durumi Phase II Garki, Abuja.**

NOTE:

- i. The lab will not be liable for damages to items during transit
- ii. The client is responsible for shipping of items (both delivery and returning)
- iii. The delivery person has to wait for the items to be verified and accepted. Rejected items will be handed back to the delivery person.

PAYMENT INFORMATION NLECC accepts: Only payment through REMITA (Evidence of payment should be attached to this form)

Complete the fields below and attach the equipment receiving form for all items being submitted. If shipping multiple items from various laboratories, clearly label each item with the appropriate laboratory name.

S/N	Type of Equipment:	Quantity	Service required
1.			
2.			
3.			
4.			
5.			
6.			
7.			



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8.			
9.			
10.			

State your acceptable limit for the equipment if any _____

Recalibration Frequency _____ 3 months _____ 6 months _____ 12 months _____ Other (provide months)

NOTE: Filling the recalibration frequency indicates you want the validity of calibration indicated on the certificate.

Have any of the above items been exposed to or used with any hazards noted below (check all that apply)?

YES NO

Biological Chemical Radiological Other (please specify): _____

Please provide method of decontamination/sterilization (tick all that apply):

Alcohol % Autoclave Soap & Water Irradiation Bleach % Other (please specify): _____

By signing below, I certify that the aforementioned devices are free of any chemical, radioactive, biohazardous or other dangerous substances, and that they are safe for human handling

Name: _____ Signature: _____ Date: _____

For NaLECC Use Only

Receiver's Name:		
Designation:		Signature & Date: