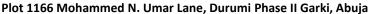


NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE

(NaLECC)





Email: info-nlecc@mlscn.gov.ng Phone: 09067992199



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

WORK ORDER AND DECONTAMINATION FORM

Name of Organization:	A	Application	
	I	Date:	
Organization Address:			
Organization Phone	F	Remita No:	
Contact:			
Contact Person Name:	P	Phone No:	
Email Address:	S	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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			Docu	ment No: NLECO	C/LTP/029/F01 Ver ()1
	8.					
	9.					
	10.					
l						
State	your acceptable limit for	the equipment if	any			
	ibration Frequency					 provide
month					· · ·	
	E: Filling the recalibra ortificate.	tion frequency in	dicates you wa	nt the validity of	calibration indicate	ed on
YES Biolog Please	any of the above items by NO	Radiological	Other (please s	pecify):that apply):		
specif	y):					
	gning below, I certify that zardous or other dangero					
Name	:		Signature:		Date:	
	For NaLECC Use Only Receiver's Name:	7				
	Designation:			Signature	& Date:	