

MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE

(NaLECC)

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Document No: NaLECC-QP-06-FA Ver: 01

WORK ORDER AND DECONTAMINATION FORM

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

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

NaLECC Turnaround Time is 14 working days

The confidentiality of all information generated in the course of calibrating your equipment is maintained by NaLECC

A formal notice is sent in advance, except prohibited by law, through NaLECC's official email or letter head, to notify you of any information NaLECC intends to place in the public domain for purposes such as research, publication, litigation, recognition etc.

For mail-in services, send your items in a secure package and for onsite calibration: environment condition of 18-30°C and humidity of 50-80% must be maintained and decontamination must be done before calibration.

NOTE:

- i. Every part of this form must be completed.
- ii. The lab will not be liable for damages to items during transit
- iii. The client is responsible for shipping of items (both delivery and returning)
- iv. 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 NaLECC accepts: Only payment through REMITA (Evidence of payment should be attached to this form)

Indicate Method of Calibration you want below:

Volume Methods (Pipette)	Temperature Method	Speed Method (Centrifuge)
☐ Volumetric Method	NaLECC-TP-37	NaLECC-TP-29B
NaLECC-TP-34	Reference Method (BN EN 60068-3-7)	Reference IEC-61010-2-020
	NaLECC-TP-28	
Reference Method (ISO 8566-6)	Reference Method (DIN EN 60751)	



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Tick if you want decision rul	le (Pass/ Fail or Blank): Pass/Fail Blank
State your acceptable limit for	or the equipment if any
Calibration Frequency □3 r	months
Have any of the above items YES □ NO □	been exposed to or used with any hazards noted below (check all that apply)?
Biological ☐ Chemical ☐	Radiological Other (please specify):
<u> </u>	contamination/sterilization (tick all that apply): Soap & Water Irradiation Bleach Other (please specify):
I certify that I have read and	agreed to the terms and conditions of this work order.
Name:	Signature: Date:
For NaLECC Use On	ıly
Receiver's Name:	
Designation:	Signature& Date: