



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-nalecc@mlscn.gov.ng



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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.

For mail-in services, send your items in a secure package with this form to the calibration Centre 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:

- Every part of this form must be completed.
- The lab will not be liable for damages to items during transit
- The client is responsible for shipping of items (both delivery and returning)
- 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)

State your acceptable limit for the equipment if any _____

Recalibration Frequency ____ 3 months ____ 6 months ____ 12 months

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):

Ethanol ☐ 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: