



**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

Phone: 08058150005, 07026100004

Document No: NaLECC-QP-06-FA Ver 00

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.

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 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:

- 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)

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): _____

I certify that I have read and agreed to the terms and conditions of this work order.

Name: _____ Signature: _____ Date: _____

For NaLECC Use Only

Receiver's Name:	
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Designation:		Signature & Date:
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