



# NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE

(NaLECC)

MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA

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## EQUIPMENT RECEIVING FORM

Name of Organization:	
Organization Address:	

S/N	Equipment Name:	Manufacturer:	Model:	Serial No:	Condition of equipment received (New/Used):	Status (Functional /Faulty)	Comments:
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							

Equipment Received by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_