



MEDICAL LABORATORY SCIENCE COUNCIL OF NIGERIA
NATIONAL LABORATORY EQUIPMENT CALIBRATION CENTRE



(NaLECC)

Plot 1166 Mohammed N. Umar Lane, Durumi Phase II Garki, Abuja

Email: info-nlecc@mlscn.gov.ng

Phone: 08058150005, 07026100004

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) |
|---|---|---|
| <input type="checkbox"/> Gravimetric Method | <input type="checkbox"/> Boiling Point Method | <input type="checkbox"/> Audio Frequency Method |
| <input type="checkbox"/> Volumetric Method | <input type="checkbox"/> Ice Point Method | <input type="checkbox"/> Others |
| <input type="checkbox"/> Dimensional Method | <input type="checkbox"/> Others | |



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Tick if you want decision rule (Pass/ Fail or Blank): Pass/Fail Blank

State your acceptable limit for the equipment if any _____

Calibration 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: | | |
| Designation: | | Signature & Date: |