Onsite Service Contract/PM information form

(One form submitted per each unit)

Please fill out the following information to the best of your knowledge. Any questions please call 302-353-4450.

Also, send/e-mail any pictures of the unit- front, back and side.

Liquid Handling Workstation information:

1. Brand? (Ex: Tecan, PerkinElmer, Dynex) _____
2. Model? (Ex: Genesis RSP, Genesis Freedom, or Freedom EVO)
   _____
3. Deck Size? (Ex. 100, 150, 200) _____
4. Serial Number? _____

Configuration:

5. How many arms? _____
6. What Arms are included? _____
   (Ex: Liquid Handling Arm (Liha) and/or Roma Arm)
7. 96 or 384 Well Head? _____
8. How many Tips? _____
9. Fixed or Disposable (Diti) Tip? _____
10. Syringe Size? _____
11. Low Volume or Standard Tubing? _____
12. Software Version? _____

Does the unit have:

13. Fast Wash (FAWA), fast rinse? _____
14. Reader and/or Washer? (If so, which model?) _____
15. PosID? (If so, which version 1,2 or 3?) _____
16. Carousel, Stacker, or TeMo? _____

What is the current application of the liquid handler?

_____

Are there any problems with the unit currently? Please list-_____

_____

Is the unit being used on a regular basis now?

_____

*Please note: Repair and parts are only covered within the contract time period, any damages to instrument or parts before start of contract are not covered.

- Onsite Service Information needed:

  Contact Name _____
  Contact Phone Number _____
  Onsite Location Address _____
  _____
  Hours of Operation _____