**NDMRB Pipette clinic – decontamination form**

Please complete and included a copy with your pipettes and a copy to the lab manager

|  |  |
| --- | --- |
| **Name** |  |
| **Group** |  |
| **Grant Code** |  |
| **Pipette details** **(include serial number, make and volume)** |  |
| **Decontamination details** |  |
| **Signed** |  |