| Customer Information | |
|---|---|
| Today's Date: | |
| Customer Name: | |
| Customer Number (or N/A): | |
| Address: | |
| Billing Address (Street, City, State, Zip): | |
| Billing Contact: | |
| Contact Phone: | |
| Contact Email: | |
| Preferred Contact Method: | |
| Purchase Order Number: | |

| Shipping Information (If Applicable) | |
|---|---|
| Shipping address same as billing? | □ Yes □ No |
| Attention: | |
| Shipping Address (Street, City, State, Zip): | |
| Shipping Contact: | |
| Contact Phone: | |
| Shipping Email: | |
| Shipping Vendor: | |
| Account Number: | |
| Special Shipping Instructions: | |

| Artifact Information | | | | | |
|---|---|---|---|---|---|
| Item ID | Measurement Range | Artifact Type | Quantity | Tolerance Class* | Recall Date |
| | | | | | |
| | | | | | |
| | | | | | |

* Ex: Weights: ASTM (2, 3, 4, 5, 6), or OIML class. Balance Class: 1, 2, 3, 4. Micropipettes: Enter N/A

| | |
|---|---|
| Artifact(s) Exposed To: | □ Biohazards. If so, specify: _____<br>□ Radioactive Materials. If so, specify: _____<br>□ N/A |
| Special Instructions: | |

Policies:

1. Please submit this completed form to info@forwardbiotechnologies.com. A representative will contact you within three business days.
2. If submitting artifact for ISO 17025 accredited calibration first ensure it is represented in our current scope of calibration accreditation, which can be found at https://www.forwardbiotechnologies.com
3. If dropping off, please call (651) 461-4617 or email info@forwardbiotechnologies.com at least one hour prior to ensure proper handoff. Mail artifact(s) to:
   Forward Biotechnologies LLC
   100 Bridgepoint Way, Suite 110
   South St. Paul, MN 55075
4. Include a copy of this form with artifact shipment or drop off.
5. Customer is responsible for all shipping costs including package insurance. Forward Biotechnologies does not guarantee proper handling of artifact while in transit.
6. To the extent reasonably possible please clean artifact prior to shipment/handoff to Forward Biotechnologies staff.
7. Ensure artifact serial number or other identifier is clearly visible on item.
8. If possible, provide previous calibration certificate with artifact shipment, for traceability.

Business Representative Signature: _____ Date: _____