

## Request for Calibration Service

### Client Details

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Company Name: \_\_\_\_\_

Order Number/Authorisation: \_\_\_\_\_

### Breathalyser Details Circle for each device sent

#### **Device Type:**

AlcoQuant 6020 Plus

Serial Number: \_\_\_\_\_

AlcoQuant 6020 Plus

Serial Number: \_\_\_\_\_

Alcofind AF-33C

Serial Number: \_\_\_\_\_

HH1   HH2   E.Check   Series5   HH3

Serial Number: \_\_\_\_\_

HH1   HH2   E.Check   Series5   HH3

Serial Number: \_\_\_\_\_

HH1   HH2   E.Check   Series5   HH3

Serial Number: \_\_\_\_\_

### **Comments:**

\_\_\_\_\_  
\_\_\_\_\_

### **Return Courier Address and Instructions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Billing Address: (email/PO Box) please state which is the preferred option.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above details must accompany breathalysers sent to Diagnostic Breathalyser Services.

Address for Service:

#### **Diagnostic Breathalyser Services**

1 Tatahi Cove  
Papamoa Beach  
3118, Bay of Plenty



Diagnostic Breathalyser Services is the services division of Diagnostic Bioserve Ltd.