



# ALTAMEDICA INCORPORATED

## SERVICE REQUEST FORM (TECH-FM-SREQ Rev.0)

<b>Center:</b>	<b>Date:</b>
<b>Address:</b>	<b>JO No:</b>
<b>Contact Person:</b>	<b>Contact No:</b>

**Service Requested:** ☐ Maintenance ☐ Repair ☐ Calibration ☐ Others:

Equipment	Serial Number	Problem Details	Actions Taken/Remarks

### Available Consumables

*Check only the reagents with adequate volume and valid within one (1) month from the request date.*

<b>Semi-Auto Chemistry Analyzer</b> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Standards / Cal <input type="checkbox"/> ISO Clean <input type="checkbox"/> Thermal Paper	<b>Fully-Auto Chemistry Analyzer</b> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Standards / Cal. <input type="checkbox"/> Deproteinizer <input type="checkbox"/> Systemic Solution <input type="checkbox"/> Extra Cuvette Wash	<b>Hematology Analyzer</b> <input type="checkbox"/> Diluent <input type="checkbox"/> Lyse <input type="checkbox"/> Cleanser <input type="checkbox"/> Conc. Cleanser <input type="checkbox"/> Probe Cleanser <input type="checkbox"/> Controls <input type="checkbox"/> Calibrator	<b>Electrolytes Analyzer</b> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> ISE Refill Solution <input type="checkbox"/> Ref Refill Solution <input type="checkbox"/> Deprotein <input type="checkbox"/> Conditioning Soln. <input type="checkbox"/> Thermal Paper	<b>Coagulation Analyzer</b> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Thermal Paper	<b>Others</b>	<b>Requested by:</b>	<b>Date:</b>
						<b>Approved by:</b>	<b>Date:</b>