



ALTAMEDICA INCORPORATED

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

Center:	Date:
Address:	JO No:
Contact Person:	Contact No:

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.

Approval

Semi-Auto Chemistry Analyzer <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Standards / Cal <input type="checkbox"/> ISO Clean <input type="checkbox"/> Thermal Paper	Fully-Auto Chemistry Analyzer <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	Hematology Analyzer <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	Electrolytes Analyzer <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	Coagulation Analyzer <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Thermal Paper	Others	Requested by:	Date:
						Approved by:	Date:



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<u>Semi-Auto Chemistry Analyzer</u> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Standards / Cal <input type="checkbox"/> ISO Clean <input type="checkbox"/> Thermal Paper	<u>Fully-Auto Chemistry Analyzer</u> <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	<u>Hematology Analyzer</u> <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	<u>Electrolytes Analyzer</u> <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	<u>Coagulation Analyzer</u> <input type="checkbox"/> Reagents <input type="checkbox"/> Quality Controls <input type="checkbox"/> Thermal Paper	<u>Others</u>	Requested by:	Date:
						Approved by:	Date: