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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**  Reagents  Quality Controls  Standards / Cal  ISO Clean  Thermal Paper | **Fully-Auto Chemistry Analyzer**  Reagents  Quality Controls  Standards / Cal.  Deproteinizer  Systemic Solution  Extra Cuvette Wash | | **Hematology Analyzer**  Diluent  Lyse  Cleanser  Conc. Cleanser  Probe Cleanser  ☐ Hema-Controls  ☐ Calibrator | | **Electrolytes**  **Analyzer**  Reagents  Quality Controls  ☐ ISE Refill Solution  ☐ Ref Refill Solution  ☐ Deprotein  ☐ Thermal Paper | **Coagulation**  **Analyzer**  ☐ Reagents  ☐ Quality Controls  ☐ Thermal Paper | **Others** | | | **Requested by:** | **Date:** |
| **Approved by:** | **Date:** |