**Booking of Gilson pipettes**

|  |  |
| --- | --- |
| Course code: |  |
| Course leader: | Contact person (if other than course leader: |
| Pipettes needed from-to: | Date sent to BÖL: |

How many sets of pipettes:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 1000µl | 200µl | 20µl | 2µl |  |
| **Booking\*** |  |  |  |  |  |
| Delivered\*\* |  |  |  |  | Sign/date: |
| Returned\*\*\* |  |  |  |  | Sign/date: |

\* your need, filled in by course

\*\* prepared and delivered by BÖL, signed by BÖL

\*\*\* returned to BÖL, filled in and signed by course assistant

Send the form, at least 1 week before you need them to: albina.bakeeva@slu.se