



Service Request Form

Date: _____

Please follow the instructions below to submit this form:

1. Download the form
2. Open the form in Adobe Acrobat
3. Fill in as much information as you can.

4. Save the completed form on your computer.
5. Email the completed form as an attachment to mansour@diamed.ca.
6. If you wish, print a copy of the form for your records.

Your Information

First Name: _____ Last Name: _____

Email: _____ Phone: _____

Institution Name: _____

Building: _____ Room #: _____

Street Address: *(This is required if you are requesting a service technician to visit)* _____

City: _____ Province: _____ Postal Code: _____

How Can we Help you?

Additional Services

Extended Warranty Request

Request Replacement Equipment Parts

On-Site Service

Preventative Maintenance Visit

Pipette Services

Installation & Training

(Please Specify Unit to Install) _____