

**University of Pennsylvania  
Department of Anesthesiology and Critical Care**

**Vaporization Calibration Fund Transfer Form**  
302 John Morgan Building  
**Contact:** weiming.bu@pennmedicine.upenn.edu

**Instructions for Vaporization Calibration Service (for animal research labs only):**

1. Bring vaporizer to address above, M-F, 10am – 4pm
2. Label vaporizer with PI's name, email, phone number (masking tape is OK)
3. Bring this completed form
4. Keep vaporizer upright during transport
5. Bring vaporizer partially (<1/2) filled with correct liquid anesthetic agent
6. Maximum one week turn around

DATE: \_\_\_\_\_

**Calibration Cost: \$200 per vaporizer** (use one form for each vaporizer)

<p><b>PRINCIPAL INVESTIGATOR</b></p> <p>Name: _____</p> <p>Department: _____</p> <p>Approval Signature: _____</p> <p>Phone/email: _____</p> <p>Requester: _____</p>
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<p><b>BUSINESS ADMINISTRATOR</b></p> <p>Name: _____</p> <p>Department: _____</p> <p>Address: _____</p> <p>Signature: _____</p>
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<p>Vaporizer Manufacturer: _____</p> <p>Vaporizer serial #: _____</p> <p>Anesthetic agent: _____</p>
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<p>Account Information (26-digit account)</p> <p>_____</p> <p>Grant #: _____</p> <p>Expiration: _____</p>
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**ANESTHESIOLOGY USE ONLY**

Technician Name: \_\_\_\_\_

Date Machine Calibrated: \_\_\_\_\_

Certificate issued: \_\_\_\_\_