Brooklyn Park - Dose Audit Test Request Form



	Ship samples and completed form to: STERIS • 9303 West Broadway Ave • Brooklyn Park, MN 55445 • (763) 315-1200			
. =	Company:		Bill to Company:	
Customer Information	Street Address:		PO / Last 4 Credit Card #:	
	City, State ZIP:		Quotation # (if known):	
Cus	Contact Person:		E-mail Report to:	
<u> </u>	Phone:			
	Sample Name /			
tio	Description:			
Product formatio	Unique Identifier			
Product Information	(Lot, Run #, etc.):			
	Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.			
Processing	Modality If transferring from one radiation modality to another refer to ISO11137 for requirements			
	Dose Range: kGy to	kGy	Shipping Carrier:	
	Minimum Routine Dose: kGy to	kGy	Account #:	
	Note: Provide additional sample to radiation facility for mini-mapping.		Priority:	
Lab Transfer	Bioburden - ID up to 3 isolates (see below to opt out)		Sterility	
	BB/06: Method Validation-Inoculated (Preferred)		BF/01: Method Validation (1 media), 3 samples	
-	BB/06: Method Validation-Exhaustive (Native)		BF/02: Method Validation (2 media), 6 samples	
Testing Information	Sample Quantity: 10 required		Sample Quantity:	
	Process Description #:		Process Description #:	
orn	Alert Limit:			
L L	Action Limit:			
	Additional samples may be requested in order to determine preliminary processing information			
pecial Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)			
	STAT processing requested.			
	Refrigerate samples prior to testing.			
	Freeze samples prior to testing.			
	Do not perform Org. ID			
lnst	Samples contain human allograft tissue.			
Special I	Provide bacterial endotoxin testing. Qty:			
	Do not cut or destroy samples during testing.	Ship to:		
	Return test samples.	Carrier:		
	Return extra samples.	Account #:		
	(Provide shipping information to the right)	Priority:		
es				
Notes				
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS Terms and Conditions			
dd	Signature (testing cannot proceed without signature and date) Date			
∢				
STERIS ONLY A	Date Received:	Sample # (s):		