

Guidance for Using the Test Request Form



For assistance in populating the Test Request Form for STERIS AST laboratory, Libertyville. Guidance is provided in red.

STAT Mark if test is a stat priority

Customer Information	Company:	Company name as it appears on PO or STERIS Assignment of Responsibility	Purchase Order Number:	
	Contact Person:	Preferred contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
	Phone/Email:	Results will be scanned and emailed, if this differs from email listed on left, please provide here: Provide an email address for the scanned results.		
	Shipping Address:	This address will appear on reports		
	Billing Address:	<input type="checkbox"/> Same as shipping		
Product Information	Sample Name: (part, item#):	Information entered here should match product markings and will appear on reports as entered		
	Unique Identifier: (Lot, Batch #, etc.):	Information entered here should match product markings and will appear on reports as entered		
	Product Registration: (medical device, cosmetic, etc.):	Endotoxin only: indicate if product is <input type="checkbox"/> Intraocular <input type="checkbox"/> Cardiovascular/Lymphatic <input type="checkbox"/> Intrathecal <input type="checkbox"/> Other: <input type="checkbox"/> N/A		
	Hazardous:	<input type="checkbox"/> no <input type="checkbox"/> yes- to avoid testing delays, include all applicable SDS with this request		
	Antimicrobial Properties:	<input type="checkbox"/> no <input type="checkbox"/> yes- please detail the characteristics and concentration: Indicate whether there are any antimicrobial or inhibitory agents and, if so, please describe them here		
Testing Information	Test Type: (select one test type per test request form)	<input type="checkbox"/> Method Suitability (B&F)	Method Reference:	STERIS Product Description number, or Validation report number
		<input type="checkbox"/> Recovery Efficiency (RE)		
		<input type="checkbox"/> Sterility		
		<input type="checkbox"/> Bioburden- select recovery type(s) <input type="checkbox"/> Aerobe <input type="checkbox"/> Fungi <input type="checkbox"/> Anaerobe <input type="checkbox"/> Sporeformer		
		<input type="checkbox"/> Turbidimetric Endotoxin <input type="checkbox"/> Chromogenic Endotoxin		
Pooled Results:	<input type="checkbox"/> no <input type="checkbox"/> yes	Number of Samples for Testing:		
Irradiation Required:	<input type="checkbox"/> no <input type="checkbox"/> yes- Dose range: _____ kGy to _____ kGy Indicate what dose product needs to be irradiated at, (if applicable)	Gram Stain: (if applicable)	<input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/> yes, qty: see special instruction	Irradiation Modality: <input type="checkbox"/> gamma <input type="checkbox"/> N/A <input type="checkbox"/> e-beam
Special Instructions	Storage Conditions:		Alternate Incubation: (temperature / duration)	<input type="checkbox"/> N/A
	Post Test Sample Handling:	<input type="checkbox"/> Discard <input type="checkbox"/> Return Ship To: Carrier, Account #: Priority:		
	Additional Instruction:	<input type="checkbox"/> N/A Please mention any special instruction that may not be listed above or may deviate from what is listed. If gram staining is selected, please elaborate if request pertains to the top --- of colony types per sample/ per lot/ over all samples received, etc.		

Lab will disassemble and/or manipulate samples as needed, unless instructions are given in the special instructions stating otherwise. Please do not leave fields blank. If field does not apply, write "N/A". Any blank fields may cause a delay in processing samples.

By signing and dating below, I acknowledge acceptance and understanding of STERIS AST Laboratory Terms and Conditions.

Customer Signature: _____

Date: _____

For Internal Use Only	
TRF ID #:	
Received By: Initial & Date	

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For assistance in populating the Test Request Form for STERIS AST laboratory, Libertyville. Guidance is provided in **red**. All microbial identification will be sourced to STERIS AST Laboratory Brooklyn Park, or other ISO-17025 accredited laboratory; however, Customer may request microbial identification samples to be sent to an alternative external laboratory service provider. Please indicate alternative site for external laboratory testing in the Special Instructions field above.