

Liquids Test Request Form



Ship samples and completed form to: **STERIS • 9303 West Broadway Ave • Brooklyn Park, MN 55445 • (763) 315-1200**

Customer Information	Company: Street Address: City, State ZIP: Contact Person: Phone:	Bill to Company: PO / Last 4 Credit Card #: Quotation # (if known): E-mail Report to:																					
Product Information	Sample Name / Description: Unique Identifier (Lot, Run #, etc.): Product Type:																						
	Sample Collection Date (dd-MMM-yyyy):																						
	Sample Designation / Location	Collection Time (hh:mm)																					
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	1.	6.																					
	2.	7.																					
	3.	8.																					
	4.	9.																					
	5.	10.																					
Testing Information	Filter Size: Choose One: <table style="width:100%; border: none;"> <tr> <td style="width: 50%;">BB/05a: Filtration (Recommended)</td> <td style="width: 25%;">Media 1:</td> <td style="width: 25%;">ML/04a: Coliform Test</td> </tr> <tr> <td></td> <td>Media 2:</td> <td>ML/07a: <i>Pseudomonas aeruginosa</i></td> </tr> <tr> <td></td> <td>Media 3:</td> <td>TOC/01: Total Organic Carbon</td> </tr> <tr> <td></td> <td>Media 4:</td> <td>BB/04a: Additional Dilutions</td> </tr> <tr> <td>BB/05c: Pour Plate</td> <td>Media 1:</td> <td></td> </tr> <tr> <td></td> <td>Media 2:</td> <td></td> </tr> <tr> <td></td> <td>Media 3:</td> <td></td> </tr> </table>		BB/05a: Filtration (Recommended)	Media 1:	ML/04a: Coliform Test		Media 2:	ML/07a: <i>Pseudomonas aeruginosa</i>		Media 3:	TOC/01: Total Organic Carbon		Media 4:	BB/04a: Additional Dilutions	BB/05c: Pour Plate	Media 1:			Media 2:			Media 3:	
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	Media 2:																						
	Media 3:																						
Special 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. <div style="background-color: yellow; padding: 2px;">Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.</div> Report alert / action limits. List below with units.																						
Additional Instructions	 																						
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS <hr/> <div style="display: flex; justify-content: space-between;"> Signature (testing cannot proceed without signature and date) Date </div>																						
STERIS ONLY	Date Received: Received By:	Sample #(s):																					