

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:		Bill to Company:	
	Street Address:		PO / Last 4 Credit Card #:	
City, State ZIP:		Quotation # (if known):		
Contact Person:		E-mail Report to:		
Phone:				
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)	Sample Designation / Location	Collection Time (hh:mm)
	1.		6.	
2.		7.		
3.		8.		
4.		9.		
5.		10.		
Testing Information	Filter Size:			
	Choose One:			
	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:		
Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. <i>(Additional charges may apply)</i>			
	<input type="checkbox"/> STAT processing requested. <input type="checkbox"/> Refrigerate samples prior to testing. <input type="checkbox"/> Freeze samples prior to testing. <input type="checkbox"/> Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. <input type="checkbox"/> 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			
	_____ <i>Signature (testing cannot proceed without signature and date)</i>			_____ <i>Date</i>
STERIS ONLY	Date Received:	Sample #(s):		
	Received By:			