

Liquids Test Request



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

CUSTOMER INFORMATION

Bill to Company:	PO# / Last 4 CC#:
Street Address:	Quote # (if known):
City, State ZIP:	<i>If "Ship to Company:" is different from "Bill to Company:", list below.</i>
Contact Person:	Ship to Company:
Contact Phone / email:	Street Address:
Email Report to:	City, State ZIP:

PRODUCT INFORMATION

Sample Name for Report:
Unique Identifier for Report:
(Lot, Run #, etc.)
Product Type:

Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.

SAMPLE STORAGE

SAMPLE INFORMATION

Sample Collection Date:

Sample QTY:

Sample Designation / Location / Description

Collection Time (hh:mm)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

TESTING INFORMATION

Filter Size:

Test Code:

Specify media types below for BB/05a and BB/05c only

Action Limits:

Units:

Alert Limits:

Units:

SPECIAL INSTRUCTIONS

STAT processing requested.

ADDITIONAL INSTRUCTIONS

APPROVAL

By signing and dating below, I acknowledge I have read, understand, and accept [STERIS TERMS AND CONDITIONS](#)

Signature (testing cannot proceed without signature and date)

Date

STERIS USE ONLY

Date Received:

Sample / Project #:

Received By: