

Bioburden 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.):	
Testing Information	Sample Quantity: Sample Pooling: Process Description #: Alert Limit: Action Limit: <i>If new device or requesting changes, complete below</i> Test Portion:	Choose One: BB/01a: Total Aerobes BB/02a: Total Aerobes & Anaerobes BB/02b: Total Aerobes & Sporeformers BB/02c: Total Aerobes & Fungi BB/03a: Total Aerobes, Anaerobes & Sporeformers BB/03b: Total Aerobes, Sporeformers & Fungi BB/03c: Total Aerobes, Anaerobes & Fungi BB/04: Total Aerobes, Anaerobes, Sporeformers & Fungi BB/06: Method Validation - Inoculated (Preferred) BB/06: Method Validation - Exhaustive (Native)
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. Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. Samples contain inhibitory substance(s). Samples contain human allograft tissue. Do not cut or destroy samples during testing. Return test samples. Ship to: (Provide shipping information to the right) Carrier: Return extra samples. Account #: (Provide shipping information to the right) Priority:	
Additional Instructions		
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS <hr/> Signature (testing cannot proceed without signature and date) Date	
STERIS ONLY	Date Received: Received By:	Sample #(s):