

Bioburden 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.)

Additional traceability for individual samples provided on optional Sample Label Designation form.

Samples contain inhibitory substances.

Samples contain human allograft tissue.

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

SAMPLE STORAGE

TESTING INFORMATION

Test Code:

Sample QTY:

Sample Pooling:

Process Description #:

Alert Limit:	CFU /
Action Limit:	CFU /

If new product or requesting changes, complete below

Test Portion:

SPECIAL INSTRUCTIONS

Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)

STAT processing requested.

Do not cut or destroy samples during testing.

Return test samples (MS/01a Charges Apply) (Method validation samples cannot be returned). Provide return shipping information below.

Return extra samples (MS/01a Charges Apply) Provide return shipping information below.

RETURN SHIPPING

Carrier / Shipping Method:

Account #:

Same as address above

Shipping Address:

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:	

