

Cytotoxicity 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.

Product Category:

Patient Contact Duration:

Product Surface Area: _____ cm² - OR- Product Mass: _____ g

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

SAMPLE STORAGE

TESTING INFORMATION

Testing Code:

Sample QTY:

Sample Pooling:

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) 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:	

