

Cytotoxicity 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.):
	Device Category:
	Patient Contact Duration:
	Sample Mass: _____ g Surface Contact Area: _____ cm ²

Testing Information	Sample Quantity: CYTO: Cytotoxicity - Neutral Red Uptake (NRU) Method
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Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)
	STAT processing requested.
	Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.
	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	
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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:	Sample #(s):
	Received By:	