

# Endotoxin Test Request Form



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

<b>Customer Information</b>	<b>Company:</b> <b>Street Address:</b> <b>City, State ZIP:</b> <b>Contact Person:</b> <b>Phone:</b>	<b>Bill to Company:</b> <b>PO / Last 4 Credit Card #:</b> <b>Quotation # (if known):</b> <b>E-mail Report to:</b>
<b>Product Information</b>	<b>Sample Name / Description:</b> <b>Unique Identifier (Lot, Run #, etc.):</b> <b>Device Category:</b>	
<b>Testing Information</b>	<b>Sample Quantity:</b> <b>Process Description #:</b> Alert Limit: EU / Action Limit: EU /  <i>If new device or requesting changes, complete below</i> <b>Test Portion:</b>	<b>Choose One:</b> TX/01a: Extraction of individual device TX/01b: Pooled extraction of (4-10) devices TX/02: Liquid Sample  <b>Method Validation:</b> TX/04: Method Validation Report* <i>*requires 3 lots and test code selection TX/01a,b, or TX/02</i>
<b>Special Instructions</b>	<b>Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)</b>  STAT processing requested.  Refrigerate samples prior to testing.  Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.  Samples contain human allograft tissue.  Do not cut or destroy samples during testing.  Return test samples. <b>Ship to:</b> (Provide shipping information to the right) <b>Carrier:</b>  Return extra samples. <b>Account #:</b> (Provide shipping information to the right) <b>Priority:</b>	
<b>Additional Instructions</b>		
<b>Approval</b>	By signing and dating below, I acknowledge I have read, understand and accept STERIS <a href="#">TERMS AND CONDITIONS</a>  <hr/> <b>Signature (testing cannot proceed without signature and date)</b> <span style="float: right;"><b>Date</b></span>	
<b>STERIS ONLY</b>	Date Received:  Received By:	Sample #(s):