

# Endotoxin 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:** *If "Ship to Company:" is different from "Bill to Company:", list below.*  
**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:**  
**Sterilization:**  
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:**  
**Process Description #:**  
Alert Limit: EU /  
Action Limit: EU /  
*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) 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:	

