Environmental Monitoring Test Request



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

CUSTOMER INFORMATION	INIS Laboratories • 5505 West B	Toadway Ave • Brooklynn	Park, Mill 33445 * (703	<i>J</i> 515-1200	
Bill to Company:	PO# / Las	st 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 Co			ny., nar below.	
Contact Phone / email:	Street Add				
Email Report to:	City, State				
REPORT INFORMATION	eng, etak				
Report Title Description:					
Date Collected:					
Additional traceability for individual samples provide	ed on optional Sample Label Desig	nation form.			
TESTING INFORMATION	UBMIT PLATES AND SWABS ON				
Plates QTY	Media Type	Units	Alert Limit (CFU)	Action Limit (CFU)	
1.					
2.					
3.					
4.					
Swabs QTY	Media Type	Area	Alert Limit (CFU)	Action Limit (CFU)	
1st incubation	is 30-35 °C for 3-5 days. 2nd incub	etion is $20-25$ °C for $2-4$ d			
	ncubation temperatures and duration				
SPECIAL INSTRUCTIONS					
STAT processing requested					
ADDITIONAL INSTRUCTIONS					
APPROVAL					
By signing and dating below, I acknowledge I have rea	d, understand, and accept <u>STERIS</u>	TERMS AND CONDITION	<u>VS</u>		
Signature (testing cannot proceed without signatu	re and date)			ate	
	STERIS USE ONLY	1		ui¢	
Date Received:	Sample / Project #:				
Possived By:					
Received By:					





Attach Form to applicable TRF

Label Designation	Description (optional)
Sample / Draiget #	STERIS USE ONLY
Sample / Project #:	