

EO Residuals 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:	
Reporting Limits:	
Surface Area:	cm ²

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

SAMPLE STORAGE	
Samples will be placed in freezer upon receipt. Please ship samples to lab on dry ice. Blanks can be shipped and may be stored at ambient conditions.	

TESTING INFORMATION			
Test Code:			
Sample QTY:			
Sample Pooling:			
Process Description #:	<i>If new product or requesting changes, complete below</i>		
Test Portion:			
EO Extraction:	Hours	ECH Extraction:	Hours
	°C		°C

SPECIAL INSTRUCTIONS	
Check all that apply. Provide details in "Additional Instructions" below. <i>(Additional charges may apply)</i>	
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:	

