

EO Residuals 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.): _____ Reporting Limits: _____ Surface Area: _____ cm ²	
Testing Information	Sample Quantity: _____ Sample Pooling: _____ Process Description #: _____ <i>If new device or requesting changes, complete below</i> Test Portion: _____ EO Extraction: _____ Hours °C ECH Extraction: _____ Hours °C	Choose One: REO/13: EO & ECH Simulated Use Extraction REO/08: EO & ECH Exhaustive Water Extraction REO/06: Liquid Sample (EO &ECH) REO/01: EO Headspace Extraction REO/03: EO Headspace & ECH Exhaustive Water Extraction
Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply) <input type="checkbox"/> STAT processing requested. <input type="checkbox"/> Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. <input type="checkbox"/> Do not cut or destroy samples during testing. <input type="checkbox"/> EG Testing (per quote) <input type="checkbox"/> Return test samples. Ship to: _____ (Provide shipping information to the right) Carrier: _____ <input type="checkbox"/> Return extra samples. Account #: _____ (Provide shipping information to the right) Priority: _____	
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 ONLY	Date Received: _____ Received By: _____	Sample #(s): _____