

# EO Special Processing Request

**Company Name:** \_\_\_\_\_ **STERIS Load ID:** \_\_\_\_\_

**Cycle/Specification #:** \_\_\_\_\_ **Revision:** \_\_\_\_\_

**Customer Lot Number(s):** \_\_\_\_\_

- STERIS Facility:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Grand Prairie, TX | <input type="checkbox"/> El Paso I, TX        | <input type="checkbox"/> El Paso II, TX   |
| <input type="checkbox"/> San Diego, CA     | <input type="checkbox"/> Minneapolis, MN      | <input type="checkbox"/> Northborough, MA |
| <input type="checkbox"/> Temecula, CA      | <input type="checkbox"/> South Plainfield, NJ | <input type="checkbox"/> Spartanburg, SC  |

- Special Processing Request Category:**
- |  |  |
|--|--|
| <input type="checkbox"/> Change in sample requirements | <input type="checkbox"/> Alternate shipping instructions                         |
| <input type="checkbox"/> Alternate aeration time       | <input type="checkbox"/> Special storage instructions                            |
| <input type="checkbox"/> Special handling instructions | <input type="checkbox"/> Omit preconditioning and/or aeration for 2X or 3X cycle |

**Special Processing Request Description**

Instructions must be clear and concise. Should the cycle require multiple variations, please contact the facility for a quotation and to coordinate with a validation technician. Please allow a minimum of two business days for review and confirmation of a scheduled processing date.

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**A Special Processing Request charge of \$750.00 will be applied to the invoice related to this cycle. This form must also be pre-approved by the STERIS facility prior to any processing. By signing below, I acknowledge I have read, understand and accept the [STERIS AST terms and conditions](#).**

**Customer Approval (Signature):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section to be completed by the STERIS facility prior to processing.**

**SPR Accepted**     
  **SPR Accepted with Comments**     
  **SPR Not Accepted with Comments**

**Comments:** \_\_\_\_\_

**STERIS Production Approval (Signature):** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This section to be completed by the STERIS facility post-processing.**

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**QA Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_