

Gamma Processing Instructions

Customer Name:	
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1.0 Product Processing

- Allow different item/product codes from the same customer to be combined in the same carrier/tote.
- Allow different lot numbers to be combined in the same carrier/tote
- Additional processing instructions required (Specify):

2.0 Product Approval for Shipment

- Dosimetric Approval for Shipment** (approval for shipment by authorized STERIS personnel once it has been determined that the delivered dosage has met the requirements of the processing specification and a Certificate of Processing has been issued)
- Customer Approval for Shipment:** Check one:
 - Approval for shipment upon written notification by customer
 - Approval for shipment by customer via STERILINK
- Other** (Specify):

3.0 Handling of Damaged Product

- Process all damaged cases** (customer will be notified when damage occurs)
- Do not process damaged cases** (when damage is noted upon receipt, product will be placed on hold and returned to customer)
- Disposition each damaged case** (once damages are identified, product will be placed on hold until a customer disposition is obtained) **Note:** Processing and/or shipping delays may result.
- Other** (Specify):

4.0 Handling of Count Discrepancies

- Continue processing at STERIS count** (customer will be notified of discrepancy after processing)
- Disposition discrepancy prior to processing** (when discrepancy is noted upon receipt, product will be placed on hold until customer disposition is obtained)
- Disposition discrepancy prior to shipping** (when discrepancy is noted during processing, product will be placed on hold until customer disposition is obtained)
- Other** (Specify):

5.0 Palletization of Finished Product:

- Customer will provide pallet diagrams to describe the product orientation, corner board placement, or any other requirements on outgoing shipping pallet skids.
- Ongoing product orientation on pallet or any other requirement is not specified; STERIS discretion.

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6.0 Shipping Instructions

Customer to arrange shipping STERIS to arrange shipping

Preferred Carrier	Contact Name	Phone Number	Freight Terms	If Third Party, please provide billing Information:
			<input type="checkbox"/> Collect <input type="checkbox"/> Third Party	Address: Contact Name: Phone Number:

Trucking Company # 2 (if applicable)

Preferred Carrier	Contact Name	Phone Number	Freight Terms	If Third Party, please provide billing Information:
			<input type="checkbox"/> Collect <input type="checkbox"/> Third Party	Address: Contact Name: Phone Number:

7.0 Customer Specific Special Instructions:

(Include all special loading, processing or shipping instructions. Attach separate sheet if necessary):

ODMS^{RT} Updated for Special Processing Instructions: (To be completed by STERIS)

YES N/A

8.0 Customer Approval:

Customer Signature: _____ Date: _____

Print Name: _____ Title: _____

** Note: Electronic signatures are not acceptable unless compliance to Part 11 can be demonstrated.
Form can be completed electronically, and printed and signed in ink.

9.0 STERIS Approval:

Production Signature: _____ Date: _____

QS/RC Signature: _____ Date: _____