

# USP <51/61/62> Test Request Form



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

Customer Information	<b>Company:</b> <b>Street Address:</b> <b>City, State ZIP:</b> <b>Contact Person:</b> <b>Phone:</b>	<b>Bill to Company:</b> <b>PO / Last 4 Credit Card #:</b> <b>Quotation # (if known):</b> <b>E-mail Report to:</b>
Product Information	<b>Sample Name / Description:</b>  <b>Unique Identifier (Lot, Run #, etc.):</b>  <b>Product Category:</b>	
Testing Information	<b>Sample Quantity:</b> <b>Process Description #:</b> Alert Limit:                      CFU / Action Limit:                      CFU / <b>Select all that apply:</b> ML/02: Heterotrophic Plate Count ML/03: Yeast and Mold Plate Count ML/05: <i>Eschericia coli</i> ML/06: <i>Salmonella</i> species ML/07: <i>Pseudomonas aeruginosa</i> ML/08: <i>Staphylococcus aureus</i> ML/09: <i>Candida albicans</i> ML/10: Bile-tolerant Gram-negative bacteria ML/11: <i>Clostridia</i> species ML/14: <i>Burkholderia cepacia</i> ML/01: Method Validation, Microbial Limits AME/01: Anti-Microbial Effectiveness AME/02: Method Validation, Anti-Microbial Effectiveness	
Special Instructions	<b>Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)</b> <input type="checkbox"/> STAT processing requested. <input type="checkbox"/> Refrigerate samples prior to testing. <input type="checkbox"/> Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.	
Additional Instructions	     	
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS <a href="#">TERMS AND CONDITIONS</a>  <hr/> <div style="display: flex; justify-content: space-between;"> <span><b>Signature (testing cannot proceed without signature and date)</b></span> <span><b>Date</b></span> </div>	
STERIS ONLY	Date Received:  Received By:	Sample #(s):