

# Microbiological Services Test Request Form



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

<b>Customer Information</b>	<b>Company:</b>	<b>Bill to Company:</b>
	<b>Street Address:</b>	<b>PO / Last 4 Credit Card #:</b>
	<b>City, State ZIP:</b>	<b>Quotation # (if known):</b>
	<b>Contact Person:</b>	<b>E-mail Report to:</b>
	<b>Phone:</b>	

<b>Product Information</b>	<b>Product Name / Description:</b>
	<b>Unique Identifier (Lot, Run #, etc.):</b>

<b>Services</b>	GM/01: Population Verification or Recovery (per sample or strip) Include mfr. certificate.	<b>Quantity:</b>
	MS/04: Out-of-Specification Evaluation	
	GM/04a: Organism stain	<b>Quantity:</b>
	GM/04i: Organism Identification (MALDI-TOF)	<b>Quantity:</b>
	GM/04h: Organism Identification (genetic)	<b>Quantity:</b>
	IPCD/01: Placement of BI / Inoculated Carrier in Product. Include mfr. certificate. (Attach photo showing location and provide packaging instructions below)	<b>Quantity:</b>
	GM/03a: Inoculation of Product with <i>B. atrophaeus</i> suspension (Attach photo showing location and provide packaging instructions below)	<b>Quantity:</b> <b>Inoculum Population:</b>

<b>STAT</b>	STAT processing requested. <i>(Additional charges apply)</i>
-------------	--

<b>Shipping Instructions</b>	<b>Date Needed By:</b>
	<b>Ship To:</b>
	<b>Carrier:</b>
	<b>Account #:</b>
	<b>Priority:</b>

<b>Additional Instructions</b>	
--------------------------------	--

<b>Approval</b>	By signing and dating below, I acknowledge I have read, understand and accept STERIS <a href="#">TERMS AND CONDITIONS</a> . Additionally, I authorize the use of a subcontract vendor for genetic Organism Identification testing.	
	<b>Signature (testing cannot proceed without signature and date)</b>	<b>Date</b>

<b>STERIS ONLY</b>	Date Received:	Sample #(s):
	Received By:	