Microbiological Services Test Request

STERIS

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

CUSTOMER INFORMATION

Bill to Company: **PO# / Last 4 CC#:**

Street Address: **Quote # (if known):**

City, State ZIP: *If "Ship to Company:" is different from "Bill to Company:", list below.*

Contact Person: **Ship to Company:**

Contact Phone / email: **Street Address:**

Email Report to: **City, State ZIP:**

PRODUCT INFORMATION

Sample Name for Report:

Unique Identifier for Report:
(Lot, Run #, etc.)

Additional traceability for individual samples provided on optional Sample Label Designation form.

SAMPLE STORAGE

Samples will be stored per manufacturer certificate upon receipt unless otherwise specified.

TESTING INFORMATION

Test Code: **QTY:**

For IPCD/01, specify the type and quantity of BIs to be placed in product locations. Include positive control in QTY. Attach diagram to show locations.

BI 1 Type: **QTY:**
BI 2 Type: **QTY:**
BI 3 Type: **QTY:**
BI 4 Type: **QTY:**
BI 5 Type: **QTY:**

For IPCD/01, specify positive control placement and handling.

Positive Control Placement:

Positive Control Handling:

SPECIAL INSTRUCTIONS

STAT processing requested. (MS/01 charge applies)

SHIPPING INSTRUCTIONS

Carrier / Shipping Method:

Account #:

Same as   address above

Shipping Address:

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 USE ONLY

Date Received: Sample / Project #:

Received By:

Q08-FR-000939 version 4   Printed On:

Optional Sample Label Designation

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Attach Form to applicable TRF

Label Designation	Description (optional)

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Sample / Project #: