

Microbiological Services Test Request Form



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

Customer Information	Company: Street Address: City, State ZIP: Contact Person: Phone:	Bill to Company: PO / Last 4 Credit Card #: Quotation # (if known): E-mail Report to:
Product Information	Product Name / Description: Unique Identifier (Lot, Run #, etc.):	
Services	GM/01: Population Verification or Recovery (per sample or strip) Include mfr. certificate. MS/04: Out-of-Specification Evaluation GM/04a: Organism stain and colony morphology GM/04i: Organism Identification (MALDI-TOF) GM/04h: Organism Identification (genetic) IPCD/01: Placement of BI / Inoculated Carrier in Product. Include mfr. certificate. (Attach photo showing location and provide packaging instructions below) GM/03a: Inoculation of Product with <i>B. atrophaeus</i> suspension (Attach photo showing location and provide packaging instructions below)	Quantity: Quantity: Quantity: Quantity: Quantity: Quantity: Inoculum Population:
STAT	STAT processing requested. <i>(Additional charges apply)</i>	
Shipping Instructions	Date Needed By: Ship To: Carrier: Account #: Priority:	
Additional Instructions		
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS Additionally, I authorize the use of a subcontract vendor for genetic Organism Identification testing. <hr/> Signature (testing cannot proceed without signature and date) Date	
STERIS ONLY	Date Received: Received By:	Sample #(s):