

Sterility 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	Sample Name / Description: Unique Identifier (Lot, Run #, etc.): Cycle Type:	
Testing Information	Sample Qty: Native Product Sterility Testing Choose One: ST/07: Native Product - Direct Transfer (2 media) ST/08: Native Product - Filtration (2 media) ST/09: Native Product - Direct Transfer (1 media) ST/10: Native Product - Filtration (1 media) ST/11: Media Fill BF/01: Method Validation (1 media), 3 samples BF/02: Method Validation (2 media), 6 samples Process Description #: <i>If new device or requesting changes, complete below</i> Test Portion:	PC (+) Qty: Biological Indicator Sterility Testing Choose One: ST/01: Spore Strip / PCD ST/02: Inoculated Thread ST/03: Self-Contained / PCD ST/05: Inoculated Product - Direct Transfer ST/06: Inoculated Product - Filtration BI Lot: BI Expiration: BI Organism: PCD Type: PCD Lot #:
Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply) STAT processing requested. Refrigerate samples prior to testing. Freeze samples prior to testing. Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. Samples contain inhibitory substance(s). Samples contain human allograft tissue. Do not cut or destroy samples during testing. Re-inoculate and return. Complete a Microbiological Services Test Request Form and attach. Return test samples. Ship to: (Provide shipping information to the right) Carrier: Return extra samples. Account #: (Provide shipping information to the right) Priority:	
Additional Instructions		
Approval	By signing and dating below, I acknowledge I have read, understand and accept STERIS TERMS AND CONDITIONS <hr/> Signature (testing cannot proceed without signature and date) Date	
STERIS ONLY	Date Received: Received By:	Sample #(s):