

Sterility Test Request



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:	<i>If "Ship to Company:" is different from "Bill to Company:", list below.</i>
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.
Cycle / Process Type: Samples contain inhibitory substances. Samples contain human allograft tissue.
Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.

SAMPLE STORAGE

TESTING INFORMATION	
Native Product Sterility Testing	Biological Indicator Sterility Testing
Test Code:	Test Code:
Sample QTY:	Sample QTY:
Process Description #: <i>If new product or requesting changes, complete below</i>	Positive Control QTY: <i>Leave the following blank if information is clearly visible on sample</i>
Test Portion:	BI Lot #:
	BI Expiration:
	BI Organism:
	PCD Type:
	PCD Lot #:

SPECIAL INSTRUCTIONS
Check all that apply. Provide details in "Additional Instructions" below. <i>(Additional charges may apply)</i> <input type="checkbox"/> STAT processing requested. <input type="checkbox"/> Do not cut or destroy samples during testing. <input type="checkbox"/> Re-inoculate and return (IPCDs only, ST/01 - ST/03). Complete Microbiological Services Test Request and attach. <input type="checkbox"/> Return test samples (MS/01a Charges Apply). B/F and EPCD samples cannot be returned. Provide return shipping information below. <input type="checkbox"/> Return extra samples (MS/01a Charges Apply) Provide return shipping information below.

RETURN SHIPPING
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

<i>Signature (testing cannot proceed without signature and date)</i>		<i>Date</i>
STERIS USE ONLY		
Date Received:	Sample / Project #:	
Received By:		

