

Libertyville - Test Request Form



Ship samples and completed form to: **STERIS • 1880 Industrial Drive Libertyville, IL 60048 • (847) 367-5110**

Customer Information	Company:		Purchase Order Number:	
	Contact Person:		Preferred contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email	
	Phone/Email:		Results will be scanned and emailed, if this differs from email listed on left, please provide here:	
	Shipping Address:			
	Billing Address:	<input type="checkbox"/> Same as shipping		
Product Information	Sample Name: (part, item#):			
	Unique Identifier: (Lot, Batch #, etc.)			
	Product Registration: (medical device, cosmetic, etc.)	Endotoxin only: indicate if product is <input type="checkbox"/> Intraocular <input type="checkbox"/> Cardiovascular/Lymphatic <input type="checkbox"/> Intrathecal <input type="checkbox"/> Other: <input type="checkbox"/> N/A		
	Hazardous:	<input type="checkbox"/> no <input type="checkbox"/> yes- to avoid testing delays, include all applicable SDS with this request		
	Antimicrobial Properties:	<input type="checkbox"/> no <input type="checkbox"/> yes- please detail the characteristics and concentration:		
Testing Information	Test Type: (select one test type per test request form)	<input type="checkbox"/> Method Suitability (B&F)	Method Reference:	
		<input type="checkbox"/> Recovery Efficiency (RE)		
		<input type="checkbox"/> Sterility		
		<input type="checkbox"/> Bioburden- select recovery type(s) <input type="checkbox"/> Aerobe <input type="checkbox"/> Fungi <input type="checkbox"/> Anaerobe <input type="checkbox"/> Sporeformer		
		<input type="checkbox"/> Turbidimetric Endotoxin		
	<input type="checkbox"/> Chromogenic Endotoxin			
Pooled Results:	<input type="checkbox"/> no <input type="checkbox"/> yes		Number of Samples for Testing:	
Irradiation Required:	<input type="checkbox"/> no <input type="checkbox"/> yes- Dose range: _____ kGy to _____ kGy		Gram Stain: (if applicable)	<input type="checkbox"/> no <input type="checkbox"/> N/A <input type="checkbox"/> yes, qty:
			Irradiation Modality:	<input type="checkbox"/> gamma <input type="checkbox"/> N/A <input type="checkbox"/> e-beam
Special Instructions	Storage Conditions:			
	Post Test Sample Handling:	<input type="checkbox"/> Discard <input type="checkbox"/> Return Ship To: Carrier, Account #: Priority:		
	Additional Instruction:	<input type="checkbox"/> N/A		

Lab will disassemble and/or manipulate samples as needed, unless instructions are given in the special instructions stating otherwise. Please do not leave fields blank. If field does not apply, write "N/A". Any blank fields may cause a delay in processing samples.

By signing and dating below, I acknowledge acceptance and understanding of STERIS AST Laboratory Terms and Conditions.

Customer Signature: _____

Date: _____

For Internal Use Only	
TRF ID #:	
Received By: Initial & Date	

All microbial identification will be sourced to STERIS AST Laboratory Brooklyn Park, or other ISO-17025 accredited laboratory; however, Customer may request microbial identification samples to be sent to an alternative external laboratory service provider. Please indicate alternative site for external laboratory testing in the Special Instructions field above.