

Libertyville - Dose Audit Test Request Form



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

Customer Information	Company:			
	Street Address:	Bill to Company:		
	City, State ZIP:	PO / Last 4 Credit Card #:		
	Contact Person:	Quotation # (if known):		
	Phone:	E-mail Report to:		
Product Information	Sample Name / Description:			
	Unique Identifier (Lot, Run #, etc.):			
	Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Processing	Modality: <input type="checkbox"/> Ebeam <input type="checkbox"/> Gamma <input type="checkbox"/> X-ray If transferring from one radiation modality to another refer to ISO11137 for requirements			
	Dose Range:	kGy to	kGy	Shipping Carrier:
	Minimum Routine Dose:	kGy to	kGy	Account #:
	Note: Provide additional sample to radiation facility for mini-mapping			Priority:
Lab Transfer	Bioburden - ID up to 3 isolates (see below to opt out)		Sterility	
	<input type="checkbox"/> Method Validation-Inoculated (Preferred)	<input type="checkbox"/> Method Validation (1 media), 3 samples		
	<input type="checkbox"/> Method Validation-Exhaustive (Native)	<input type="checkbox"/> Method Validation (2 media), 6 samples		
Testing Information	Sample Quantity: 10 required			
	Process Description #:			
	Alert Limit:	Sample Quantity: <input type="checkbox"/> 10 <input type="checkbox"/> 100 <input type="checkbox"/> other:		
	Action Limit:	Process Description #:		
Additional samples may be requested in order to determine preliminary processing information				
All microbial identification will be sourced to STERIS AST Laboratory Brooklyn Park, or other ISO-17025 accredited laboratory; however, Customer may request				
Special Instructions	Check all that apply. Provide details in "Additional Instructions" below. (Additional charges may apply)			
	<input type="checkbox"/> STAT processing requested			
	<input type="checkbox"/> Refrigerate samples prior to testing			
	<input type="checkbox"/> Freeze samples prior to testing			
	<input type="checkbox"/> Do not perform Org. ID			
	<input type="checkbox"/> Samples contain human allograft tissue			
	<input type="checkbox"/> Provide bacterial endotoxin testing. Quantity:			
<input type="checkbox"/> Do not cut or destroy samples during testing				
<input type="checkbox"/> Return test samples				
<input type="checkbox"/> Return extra samples				
(Provide shipping information to the right)				
	Ship to:			
	Carrier:			
	Account #:			
	Priority:			
Notes				
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 ONLY	Date Received:	TRFID#:		
	Received By:			

microbial identification samples to be sent to an alternative external laboratory service provider. Please indicate alternative site for external laboratory testing in the Notes above.