

Libertyville - General Test Request Form



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

Customer Information	Company: Street Address: City, State ZIP: Contact Person: Phone / Email Report to:		Bill to Company: PO / Last 4 Credit Card: Quotation # (if known):	
Product Information	Sample Description: Part #: Unique Identifier: (Lot, Run #, etc.): Product Registration: (Medical Device, Tissue, Cosmetic, etc.):			
	Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.			
Testing Information	Irradiation Required – select modality and dose range Ebeam Gamma X-ray: kGy to kGy			
	Method Suitability – (B&F) Method Validation (1 media), 3 samples Method Validation (2 media), 6 samples		Qty to test:	
	Recovery Efficiency – (RE) Method Validation – Inoculated (Preferred) Method Validation – Exhaustive (Native)		Qty to test:	
	Sterility Method reference if known:		Qty to test:	
	Bioburden Aerobes Fungi Anaerobe Sporeformer Alert Limit: Action Limit: Method reference if known:		Qty to test: Gram stain Qty: Microbial ID Qty:	
	Endotoxin Kinetic Chromogenic Kinetic Turbidimetric Method Reference if known:		Endotoxin only: indicate if product is: Intracocular Cardiovascular / Lymphatic Intrathecal Other:	
	Additional samples may be requested in order to determine preliminary processing information			
Special Instructions	Check all that apply. Provide details in "Notes" below. (Additional charges may apply) STAT processing requested Refrigerate samples prior to processing Freeze samples prior to testing Pooled results Samples contain human allograft tissue Do not cut or destroy samples during testing Return test samples (provide shipping information to the right) Return extra samples (provide shipping information to the right)			
	For sample return please complete below Ship to: Carrier: Account #: Priority:			
Notes				
Approval	By signing and dating below, I acknowledge that I have read, understand, and accept STERIS Terms and Conditions <div style="display: flex; justify-content: space-between;"> <div> Signature (testing cannot proceed without signature and date) </div> <div> Date </div> </div>			
STERIS ONLY	Date Received:		TRFID#:	
	Received By:			

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 Notes above.