

Libertyville – General Test Request Form



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

Customer Information	Company: Company name as it appears on PO or STERIS Assignment of Responsibility, this name will appear on reports Street Address: This address will appear on reports City, State ZIP: Contact Person: Phone/Email Report to: Provide email address to send reports to	Bill to Company: PO / Last 4 Credit Card #: Quotation # (if known):
Product Information	Sample Description / Part #: Information entered here should match product markings and will appear on reports as entered Unique Identifier (Lot, Run #, etc.): Information entered here should match product markings and will appear on reports as entered If requesting more than 1 test per form and submitting multiple lots, indicate which lot is to be used for which test in the NOTES section Product Registration (Medical Device, Tissue, Cosmetic, etc.): Information entered here will appear on reports and is necessary for irradiation requests Samples contain hazardous material. To prevent testing delays, please attach SDS to this request. A selection must be made here: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Testing Information - Select one or more type	<input type="checkbox"/> Irradiation Required – select modality and dose range complete range and modality if applicable <input type="checkbox"/> Ebeam <input type="checkbox"/> Gamma <input type="checkbox"/> X-ray : kGy to kGy	
	<input type="checkbox"/> Method Suitability (B&F) <input type="checkbox"/> Method Validation (1 media), 3 samples aerobic testing <input type="checkbox"/> Method Validation (2 media), 6 samples aerobic and anaerobic testing	Qty to test: Enter qty to be tested for B&F
	<input type="checkbox"/> Recovery Efficiency (RE) <input type="checkbox"/> Method Validation-Inoculated (Preferred) <input type="checkbox"/> Method Validation-Exhaustive (Native)	Qty to test: Generally 3-5 samples are needed for RE
	<input type="checkbox"/> Sterility Method Reference (if known): STERIS Product Description number, or Validation report number	Qty to test: Enter qty to be tested for B&F
	<input type="checkbox"/> Bioburden - select recovery type(s) type(s) must be selected <input type="checkbox"/> Aerobe <input type="checkbox"/> Fungi <input type="checkbox"/> Anaerobe <input type="checkbox"/> Sporeformer Alert Limit: Action Limit: Method reference (if known): STERIS Product Description number, or Validation report number	Qty to test: Enter qty to be tested for Bioburden If selection is not made, neither will be performed: <input type="checkbox"/> Gram Stain Qty: Enter qty gram stain if selected <input type="checkbox"/> Microbial ID Qty: Enter qty ID if selected
	<input type="checkbox"/> Endotoxin Qty: Enter qty to be tested for LAL <input type="checkbox"/> Kinetic Chromogenic <input type="checkbox"/> Kinetic Turbidimetric Method reference (if known): STERIS Product Description number, or Validation report number	Endotoxin only: indicate if product is select device type or indicate EU limit <input type="checkbox"/> Intraocular <input type="checkbox"/> Cardiovascular/Lymphatic <input type="checkbox"/> Intrathecal <input type="checkbox"/> Other:
Special Instructions	Check all that apply. Provide details in "Notes" below. (Additional charges may apply) <input type="checkbox"/> STAT processing requested Additional fees will apply <input type="checkbox"/> Refrigerate samples prior to testing <input type="checkbox"/> Freeze samples prior to testing <input type="checkbox"/> Pooled results <input type="checkbox"/> Samples contain human allograft tissue <input type="checkbox"/> Do not cut or destroy samples during testing <input type="checkbox"/> Return test samples (provide shipping information to the right) <input type="checkbox"/> Return extra samples (provide shipping information to the right)	
Notes	Please indicate any special instructions	
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: Received By:	TRFID#:

All microbial identification will be sourced to STERIS AST Laboratory Brooklyn Park, or other ISO17025 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.