

Libertyville - Dose Audit Test Request Form



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

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| Customer Information | Company: Street Address: City, State ZIP: Contact Person: Phone: | Bill to Company: PO / Last 4 Credit Card #: Quotation # (if known): E-mail Report to: |
| 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. <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 ISO 11137 for requirements Verification Dose Range: kGy to kGy Shipping Carrier: Minimum Routine Processing 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) <input type="checkbox"/> Method Validation-Inoculated (Preferred) <input type="checkbox"/> Method Validation-Exhaustive (Native) | Sterility <input type="checkbox"/> Method Validation (1 media), 3 samples <input type="checkbox"/> Method Validation (2 media), 6 samples |
| Testing Information | Bioburden Sample Quantity: 10 required select recovery type(s) <input type="checkbox"/> Aerobe <input type="checkbox"/> Fungi <input type="checkbox"/> Anaerobe <input type="checkbox"/> Sporeformer Product Description #: Alert Limit: Action Limit: | Sterility Sample Quantity: <input type="checkbox"/> 10 <input type="checkbox"/> 100 <input type="checkbox"/> other: Product Description #: |

Additional samples may be requested in order to determine preliminary processing information

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| Special Instructions | Check all that apply. Provide details in "Notes" 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"/> Pooled results <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) | |
| Notes | Ship to: Carrier: Account #: Priority: | |
| 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 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.