

# Libertyville - Dose Audit Test Request Form



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

Customer Information	<b>Company:</b> <b>Street Address:</b> <b>City, State ZIP:</b> <b>Contact Person:</b> <b>Phone:</b>		<b>Bill to Company:</b> <b>PO / Last 4 Credit Card:</b> <b>Quotation # (if known):</b> <b>E-mail report to:</b>	
	<b>Product Information</b> <b>Sample Description:</b> <b>Part #:</b> <b>Unique Identifier:</b> (Lot, Run #, etc.): <b>Product Registration:</b> (Medical Device, Tissue, Cosmetic, etc.): <b>Samples contain hazardous material. To prevent testing delays, please attach SDS to this request.</b> Yes No			
Processing Information	<b>Modality:</b> Ebeam Gamma X-ray Verification Dose Range: kGy to kGy Minimum Processing Dose: kGy to kGy Note: Provide additional sample to radiation facility for mini-mapping		<b>If transferring from one radiation modality to another, refer to ISO 11137 for requirements.</b> Shipping Carrier: Account #: Priority:	
	<b>Lab Transfer</b> <b>Bioburden – ID up to 3 isolates (see opt out below)</b> Method Validation – Inoculated (Preferred) Method Validation – Exhaustive (Native)		<b>Sterility</b> Method Validation (1 media), 3 samples Method Validation (2 media), 6 samples	
Testing Information	<b>Bioburden Sample Quantity: 10 required</b> select recovery type(s) Aerobe Fungi Anaerobe Sporeformer <b>Product Description #:</b> Alert Limit: Action Limit:		<b>Sterility Sample Quantity:</b> 10 100 Other: <b>Product Description #:</b>	
	<b>Additional samples may be requested in order to determine preliminary processing information</b>			
Special Instructions	<b>Check all that apply. Provide details in "Notes" below. (Additional charges may apply)</b> STAT processing requested Refrigerate samples prior to processing Freeze samples prior to testing Do not perform Org. ID Pooled results Samples contain human allograft tissue Provide bacterial endotoxin testing. Quantity: Do not cut or destroy samples during testing Return test samples Return extra samples (Provide shipping information to the right)			
Notes	<b>Ship to:</b> <b>Carrier:</b> <b>Account #:</b> <b>Priority:</b>			
Approval	By signing and dating below, I acknowledge that I have read, understand, and accept <a href="#">STERIS Terms and Conditions</a> _____ <b>Signature (testing cannot proceed without signature and date)</b> <b>Date</b>			
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.