

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: 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:	Bill to Company: PO / Last 4 Credit Card #: Quotation # (if known): E-mail Report to: Provide email address to send reports to
Product Information	Sample Description / Part #: Information entered here should match product markings and will appear on reports Unique Identifier (Lot, Run #, etc.): Information entered here should match product markings and will appear on reports as entered 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	
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 This is needed if sublethal irradiation is requested for Sterility samples Shipping Carrier: This information will be used if the Lab is sending samples for irradiation as part of a transfer or routine QDA and processing is NOT going to be completed at the RTC Minimum Routine Processing Dose: kGy to kGy This is needed if high dose irradiation is requested for method validations 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) Complete this box only if RE testing is requested <input type="checkbox"/> Method Validation-Inoculated (Preferred) <input type="checkbox"/> Method Validation-Exhaustive (Native)	Sterility Complete this box only if B&F testing is requested <input type="checkbox"/> Method Validation (1 media), 3 samples Aerobic testing <input type="checkbox"/> Method Validation (2 media), 6 samples Aerobic + Anaerobic testing
Testing Information	Bioburden Sample Quantity: 10 required selection must be made: select recovery type(s) <input type="checkbox"/> Aerobe <input type="checkbox"/> Fungi <input type="checkbox"/> Anaerobe <input type="checkbox"/> Sporeformer Product Description #: STERIS PD number, or Validation report number Alert Limit: Action Limit:	Sterility Sample Quantity: <input type="checkbox"/> 10 <input type="checkbox"/> 100 <input type="checkbox"/> other: Product Description #: STERIS PD number, or Validation report number
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: if LAL is requested please indicate Turbidimetric or Chromogenic and qty <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	Indicate any special instruction 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#:

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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.