

EO Special Processing Request

Company Name: _____ STERIS Load ID: _____

Cycle/Specification #: _____ Revision: _____

Customer Lot Number(s): _____

- STERIS Facility:**
- | | | |
|--|---|---|
| <input type="checkbox"/> Grand Prairie, TX | <input type="checkbox"/> El Paso I, TX | <input type="checkbox"/> El Paso II, TX |
| <input type="checkbox"/> San Diego, CA | <input type="checkbox"/> Minneapolis, MN | <input type="checkbox"/> Northborough, MA |
| <input type="checkbox"/> Temecula, CA | <input type="checkbox"/> South Plainfield, NJ | <input type="checkbox"/> Spartanburg, SC |

- Special Processing Request Category:**
- | | |
|--|--|
| <input type="checkbox"/> Change in sample requirements | <input type="checkbox"/> Alternate shipping instructions |
| <input type="checkbox"/> Alternate aeration time | <input type="checkbox"/> Special storage instructions |
| <input type="checkbox"/> Special handling instructions | <input type="checkbox"/> Omit preconditioning and/or aeration for 2X or 3X cycle |

Special Processing Request Description

Instructions must be clear and concise. Should the cycle require multiple variations, please contact the facility for a quotation and to coordinate with a validation technician. Please allow a minimum of two business days for review and confirmation of a scheduled processing date.

A Special Processing Request charge of \$850.00 will be applied to the invoice related to this cycle.
 This form must also be pre-approved by the STERIS facility prior to any processing.
 By signing below, I acknowledge I have read, understand and accept the [STERIS AST terms and conditions](#).

Customer Approval (Signature): _____

Title: _____ Date: _____

This section to be completed by the STERIS facility prior to processing.		
<input type="checkbox"/> SPR Accepted	<input type="checkbox"/> SPR Accepted with Comments	<input type="checkbox"/> SPR Not Accepted with Comments
Comments: _____		
STERIS Production Approval (Signature): _____		
Title: _____	Date: _____	

This section to be completed by the STERIS facility post-processing.	
Completed by: _____	Date: _____
QA Review: _____	Date: _____