

# EO Special Processing Request

Company Name: \_\_\_\_\_ STERIS Load ID: \_\_\_\_\_

Cycle/Specification #: \_\_\_\_\_ Revision: \_\_\_\_\_

Customer Lot Number(s): \_\_\_\_\_

STERIS Facility: ☐ Grand Prairie, TX ☐ El Paso I, TX ☐ El Paso II, TX  
☐ San Diego, CA ☐ Minneapolis, MN ☐ Northborough, MA  
☐ Temecula, CA ☐ South Plainfield, NJ ☐ Spartanburg, SC

Special Processing Request Category: ☐ Change in sample requirements ☐ Alternate shipping instructions  
☐ Alternate aeration time ☐ Special storage instructions  
☐ Special handling instructions ☐ 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.

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A Special Processing Request charge of \$982.30 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.**

☐ SPR Accepted ☐ SPR Accepted with Comments ☐ 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: \_\_\_\_\_