

El Paso Test Request Form



Ship samples and completed form to: STERIS Laboratories • 11940 Golden Gate Rd • El Paso, TX, 79936 • (915) 990-2941

Customer Information	Company: Street Address: City, State ZIP: Contact Person: Phone:	Request Date: Email Report to: Send Results to (if other than requestor): Mail Report to (Fee Applies): Both (Fee Applies):
Sample Information	DSL Code(s) (Analysis Requested): Quantity Submitted: Load Number: Catalog Number: Description:	Sterilization Method: Lot Number: Other:
Sample Handling	Shipping Conditions:	Storage Conditions:
Test Requirement	<p>R&D: Results will not be used for product release nor used in a clinical setting. Results are for review, which may or may not include regulatory review. Results will be reported using Record-9 Results of Analysis.</p> <p>GMP: Test results are used to release a batch or lot of material which has been manufactured using current good manufacturing practices.</p> <p>GLP: Category developed by the Food and Drug Administration (FDA) wherein results are reviewed by an assigned Study Director.</p>	
Sample Return (Fee applies for Return)	Discard Return to: Carrier: Account #: Priority:	
Additional Instructions		
Approval	By signing and dating below, I acknowledge I have read, understand, and accept STERIS TERMS AND CONDITIONS <div style="display: flex; justify-content: space-between;"> _____ _____ </div> <p>Signature (testing cannot proceed without signature and date) Date</p>	
Transfer of Custody (If applicable)	Relinquished By: Date: Time:	Received By: Quantity Received: Date: Time: Receiving Conditions: